

2012 Annual Action Programme
covered by the 2007-2013 Strategy Paper
for the Thematic Programme 'Investing in People' under the Development
Cooperation Instrument

1. IDENTIFICATION

Budget headings	21 05 01 Human and social development 21 05 01 01 Health 21 05 01 03 Other aspects of human and social development 21 05 02 Global Fund to Fight AIDS, TB and Malaria
Total cost	EU contribution: EUR 142 490 000
Legal basis	Regulation (EC) No 1905/2006 — Development Cooperation Instrument (DCI), OJ L 378, 18.12.2006, p. 41

2. THEMATIC BACKGROUND

This Annual Action Programme sets out measures to implement the 'Investing in People' programme set out in Article 12 of the Development Cooperation Instrument (DCI)¹ and detailed in the *Strategy Paper and Multi-annual Indicative Programme for 2007-2010*,² as well as in the mid-term review of the programme,³ in which priorities are set for 2011-2013.

The programme covers four main themes for human and social development:

- (1) Good health for all;
- (2) Education, knowledge and skills;
- (3) Gender equality; and
- (4) Other aspects of human and social development (covering employment and social cohesion, children and youth, and culture).

The thematic programme supplements country and regional cooperation by providing support for global or regional partnerships, direct agreements with international organisations, and calls for tenders and proposals. These are mainly to support the development of innovative policy action, exchanges to promote good practice and capacity-building, the development and introduction of 'global goods', and specific pilot programmes. The programme also provides funding through global initiatives for direct action in countries with critical MDG indicators, where thematic action can help to achieve MDGs.

The mid-term review of the programme carried out in 2010 concluded that support for actions at global and regional levels should be guided by the objective of promoting policy dialogue, knowledge generation and innovation. Thematic funding should also underpin the role of the EU in shaping global initiatives and stimulating effective leverage of resources mobilised at global level for additional support of bi-lateral programmes. Support for actions at country level should aim to encourage civil society's involvement in policymaking, policy implementation and policy

¹ http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!DocNumber&type_doc=Regulation&an_doc=2006&nu_doc=1905&lg=en.

² http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

³ http://ec.europa.eu/europeaid/what/health/documents/investing_people_mid-term_review_en.pdf.

monitoring. It should also create opportunities for developing regional and global networks for the exchange of best practices.

Moreover, to improve visibility and make optimal use of financing, the programme focus on selected themes for substantial funding each year, rather than covering all the themes every year. For 2012, the focus is on health and other aspects of human and social development (social protection, children and youth, and culture).

3. SUMMARY OF THE ACTION PROGRAMME

Theme 1: Good health for all

1.1 Strengthening health systems, improving health services and supporting capacity of partner countries to confront health challenges

The programme continues to support strengthening of health systems and universal access to basic health care as a major, overarching objective for thematic action, adding value to country programmes. In line with the mid-term review of the programme, it should go on providing support to initiatives that have proved successful, as well as addressing urgent gaps in achieving the health MDGs and exploring new ways to complement EU country actions.

Improved availability and access to global health public goods is one of the areas of intervention identified under objective 1.1, covered by this Annual Action Programme. The aim is to reduce child mortality in line with Millennium Development Goal (MDG) 4. This will involve supporting Phase II of the global programme of the Global Alliance on Vaccines and Immunisation (GAVI) to make pneumococcal vaccines more available and accessible in the least developed ACP countries eligible for GAVI Alliance.

The GAVI Alliance received support under the first multi-annual programming period for a first phase of its global programme.

Also under objective 1.1, EUR 17140000 will be committed separately later in 2012 for additional action to strengthen health systems and make progress towards universal health coverage, currently being identified.

Identified action:

- (1) A EUR 10000000 grant contract will be signed with GAVI Alliance to support the introduction of pneumococcal vaccines in the least developed ACP countries (Annex I).

1.2 Confronting main communicable diseases (HIV/AIDS, tuberculosis and malaria) through access to prevention, care, treatment and support

The EU will continue to support efforts to reduce mortality and morbidity rates and mitigate the impact of AIDS, tuberculosis and malaria by contributing annually to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). These three communicable diseases remain a major challenge for many EU partner countries in their efforts to achieve health-related MDGs by 2015. While acknowledging the GFATM's (and other global health initiatives') contributions to increased service outputs, the Commission actively encourages them to follow the principles of aid effectiveness and to strengthen country ownership.

Identified action:

- (2) A contribution of EUR 50000000 will be made available to the Global Fund to Fight AIDS, Tuberculosis and Malaria under a tripartite contribution agreement (joint management with an international organisation) with the World Bank (WB) and the Global Fund (Annex II).

- 1.3 Implementation of the Cairo Agenda (on reproductive health) including provision of commodities and supporting civil society organisations in the countries with worst indicators

To boost faster progress towards achieving MDG 5, action under this heading should leverage resources to improve access to reproductive health services through the uninterrupted availability of reproductive health commodities in developing countries. The programme should consider financing such commodities where partner countries risk shortages due to weaknesses in their health systems or lack of funding to cover increasing demand. The programme should also consider supporting supply chain management and procurement capacity-building within the wider framework of human resources development and strengthening health systems to ensure commodities are consistently and reliably available.

Identified action:

- (3) An additional contribution of EUR 8300000 will be agreed with the United Nations Population Fund (UNFPA), to help implement the Global Programme to enhance Reproductive Health Commodity Security (Annex III).

Theme 2: Education, knowledge and skills

- 2.1 Promoting equal access to quality education for all

This objective was covered in 2011 with a contribution to the Global Partnership for Education Fund (GPE) and support for the Association for the Development of Education in Africa (ADEA). It will be covered again under the 2013 Annual Action Programme for 'Investing in People'.

- 2.2 Improving opportunities for vocational education and skills training

This objective will be covered under the 2013 Annual Action Programme for 'Investing in People'.

Theme 3: Gender equality

This theme was covered in 2011 and all resources available for 2011-2013 were allocated to enable maximum aid impact and resource efficiency.

Theme 4: Other aspects of human and social development (employment and social cohesion; children and youth; culture)

- 4.1 Promoting social cohesion, employment and decent work

Access to basic social protection has become increasingly important in the current global economic and financial crisis. Lack of institutional capacity within national governments is one

of the main constraints in developing inclusive national social protection policies and programmes in partner countries.

In 2012, the accent will be on improving partner countries' capacity to draw up and implement such programmes. There will be an expert facility on social protection to facilitate the implementation of quick-reaction and short-term technical assistance measures to help partner countries address challenges in developing social protection policies and programmes, or to reform or broaden current systems.

Identified action:

- (1) An EU Expert Facility on Social Protection will be set up and managed through a service contract with a consortium of Member States entities with a budget of EUR 4 000 000 (Annex IV).

4.2 Protection of children and youth and promotion of participation by children and youth in development

The programme will go on contributing to the implementation of the Convention on the Rights of the Child (CRC) in line with the EU Action Plan on Children in External Action. Combating violence against children and promoting birth registration will be emphasised, given that the lack of birth registration critically undermines efforts to prevent, track and counter violation of children's rights.

Thematic action in these areas will support awareness-raising and advocacy. It will also stimulate exchanges of best practices on CRC implementation, as well as the capacity of civil society and other relevant institutions to exercise their function as watchdogs and to engage with national governments regarding the implementation of commitments to protect children's rights.

All resources available for 'Children and youth' for the programming period 2011-2013 are allocated in 2012.

Identified action:

- (1) A call for proposals on 'Actions for child protection — Violence against children' will be launched in the second half of 2012, with a budget of EUR 41 000 000 (Annex V).
- (2) A EUR 5 400 000 contribution agreement (joint management with an international organisation) will be signed with the United Nations Children's Fund (UNICEF) to support 'Breaking with broken systems through a partnership for the legal identity of African, Asian and Pacific Islands Children' (Annex VI).

4.3 Access to local culture, protection and promotion of cultural diversity

In 2012, the programme will support culture as a vector of democratisation and economic growth. The two priorities reflect the strategic orientation of the programme for 2011-2013 on the role of cultural expressions in promoting intercultural dialogue and socio-economic development, while ensuring further focus on human rights and democratisation.

The programme will support relevant activities through a call for proposals aiming 1) to promote diversity, intercultural dialogue and human rights, in the context of democratisation, reconciliation and conflict resolution; and 2) to reinforce professionalisation and capacity-building in the cultural sector.

Identified action:

- (1) A call for proposals on 'Supporting culture as a vector of democratisation and economic growth' will be launched in the second half of 2012, with a budget of EUR 22 200 000 (Annex VII).

4. PAST EU ASSISTANCE AND LESSONS LEARNT

The mid-term review of the 'Investing in People' programme, adopted in November 2010, endorsed the general objectives and priorities defined in the programme's strategy document, as they still address MDG-related needs regarding human and social development components.

The review was not able to judge the impact of the programme in terms of specific results or lessons learnt, as the first projects financed under the programme became operational only in 2008. Nevertheless, evaluations of co-funded global initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance on Vaccines and Immunisation and the Global Partnership for Education (formerly known as the Education for All Fast Track Initiative), have yielded positive results in terms of numbers of persons treated, tested and counselled, numbers of children immunised, and a rise in the number of children enrolled in schools, and gender parity.⁴

A series of evaluation studies on projects funded as a result of calls for proposals is now planned. These will either be launched in 2012 or are already ongoing (Technical and Vocational Education and Training (TVET) and employment and social cohesion targeting the informal economy; reproductive health and rights; etc.). Recommendations from these evaluations will be taken into account for future programming.

Experience in implementing the programme between 2007 and 2010 showed that, to have a more effective and visible impact, there should be a focus on fewer themes or sub-themes each year with substantial funding, rather than supporting all four thematic areas every year, with limited resources for each. This is a major shift in particular for calls for proposals, and will enable to make available more substantial funding for each call, thus reducing the disparity between the amount sought in applications and the amount made available for grants.

Calls for proposals have resulted in a high number of applications, and the quality of those selected has also been high. Funding has been made available for a wide variety of projects, with aims such as strengthening the capacity of civil society in the human and social development issues covered by the programme in terms of advocacy, awareness raising, networking, policy dialogue and monitoring, implementation of innovative action, research, improving information systems and knowledge-sharing at regional and cross-regional levels.

Recent experience with projects has shown the need to move into financing bigger projects in selected areas to improve efficiency and harness synergies between civil society organisations and other non-state actors.

5. COMPLEMENTARY ACTION

Action under this programme complements the various EU financial and technical cooperation instruments, including geographic and thematic programmes.

6. COMMUNICATION AND VISIBILITY

This action programme will be published on the Commission's website ⁵once the Commission Decision on its adoption has been taken (around June 2012).

⁴ See mid-term review of the Investing in People programme, section 4.

For further details on the GFATM and GAVI -related results see respectively Annexes A and B.

⁵ http://ec.europa.eu/europeaid/work/ap/aap/2012_en.htm

Projects selected under this programme must comply with the *Communication and Visibility Manual for EU External Actions*.⁶

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http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

7. COST AND FINANCING

Theme	Annex	Action	Amount (EUR)
Health			
	I	Introducing pneumococcal vaccines in the least developed ACP countries — Phase II (GAVI Alliance)	10 000 000
	II	2012 Annual contribution to the Global Fund to Fight AIDS, TB and Malaria (WB, GFATM)	50 000 000
	III	Additional support to the Global Programme to Enhance Reproductive Health Commodity Security (UNFPA)	8 300 000
	VIII	Support measures for health	750 000
		Sub-total for health	69 050 000
Other aspects of human and social development			
Social cohesion, employment & decent work	IV	EU Expert Facility on Social Protection	4 000 000
Children and youth	V	Call for proposals on ‘Actions for child protection — Violence against children’	41 000 000
	VI	Breaking with broken systems through a partnership for the legal identity of African, Asian and Pacific Islands children (UNICEF)	5 400 000
Culture	VII	Call for proposals on ‘Supporting culture as a vector of democracy and economic growth’	22 200 000
	VIII	Support measures (Other aspects)	840 000
		Sub-total for Other aspects of human and social development	73 440 000
		TOTAL	142 490 000

In addition to the specific actions detailed in section 3, EUR 1 590 000 have been allocated for support measures. This sum will be used for support measures such as audits, evaluations, monitoring, studies, conferences, publication and information. (Annex VIII).

Within the maximum indicative budget for all the specific actions, cumulative changes not exceeding 20% of the maximum EU contribution are not considered substantial, provided they do not significantly affect the nature and objectives of the Annual Action Programme. This may include an increase of up to 20% in the EU's maximum contribution.

The authorising officer may adopt such changes in accordance with the principles of sound financial management.

Out of the 2012 commitment appropriation of budget item 21.050101 (Health), EUR 17 140 000 will be committed separately later in 2012, once further initiatives under the Health component are fully identified. There will therefore be an addendum to this Annual Action Programme.

ANNEX I

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 1.1: *GOOD HEALTH FOR ALL*

STRENGTHENING HEALTH SYSTEMS, IMPROVING HEALTH SERVICES AND SUPPORTING CAPACITY OF PARTNER COUNTRIES TO CONFRONT HEALTH CHALLENGES

1. IDENTIFICATION

Title/Number	Introducing pneumococcal vaccines in the least developed ACP countries — Phase II DCI-SANTE/2012/287-316		
Total cost	EU contribution: EUR 10 000 000		
Aid method / Method of implementation	Project approach — Direct centralised management		
DAC-code	12250	Sector	Infectious disease control

2. RATIONALE

2.1. Sector context

Diseases caused by the *Streptococcus pneumoniae* bacterium (*S. pneumoniae* or pneumococcus) continue to be a major public health problem. The bacterium often causes serious diseases including pneumonia, meningitis and febrile bacteraemia. Otitis media, sinusitis and bronchitis are more common but less serious manifestations of infection. Moreover, HIV infection raises the risk of pneumococcal disease by 20 to 40 times, and resistance to antibiotics resistance makes treatment difficult and expensive.

In 2005, the World Health Organisation (WHO) estimated that 1.6 million people die of pneumococcal disease each year. This includes the deaths of 0.7 to 1 million children aged under five, most of whom live in developing countries. **Pneumococcal diseases are a major cause of child mortality that can be prevented by a vaccine.**

In a recent communication, the Commission noted that *‘although some progress has been made to reduce child mortality (MDG 4) including the impact of the Global Alliance on Vaccines and Immunisation (GAVI), close to 15% of children in Sub-Saharan Africa still die before the age of 5.’*¹

Recognising the prevalence of pneumococcal disease in young children and the safety and efficacy of Pneumococcal Conjugate Vaccine (PCV) in children under five, WHO is of the opinion that this vaccine should be included in national immunisation programmes as a priority, particularly in countries where mortality among children aged under five is above 50/1000 live births or where there are more than 50 000 deaths per year among children.

¹ COM (2010) 128 final, 30.03.2010.

Immunisation offers protection not only against contracting an illness *per se*, but also against the long-term effects of illness on physical, emotional and cognitive development. Healthy children are able to attend school more regularly and to learn more efficiently when in class. Workers from healthy communities, particularly women, are less frequently obliged to take less time off to care for sick relatives. Immunisation is a key tool for improving survival and strengthening economies. As such, immunisation contributes to Millennium Development Goal (MDG) 1 (poverty reduction) by improving economic growth, MDG 2 (primary schooling) by improving educational outcomes and MDG 4 (child mortality) by improving health outcomes.

Previous EU support, implemented from 2009 to 2011, provided PCV 7 and PCV 10 to least developed African, Caribbean and Pacific (ACP) countries. Since then, broader serotype coverage has become available. In 2010, PCV 10 and PCV 13 obtained WHO prequalification.

This action would make the latter two available to least developed ACP countries that wish to combat the strains of the bacterium that are most prevalent in these countries and which severely affect children. The new products have the potential to prevent more invasive strains of pneumococcal diseases than PCV 7, and the two countries that had previously received PCV 7 have now decided to switch to PCV 13.

2.2. Lessons learnt

The rollout of pneumococcal vaccines in developing countries with the support of the GAVI Alliance began in December 2010. In 2011, 15 more countries introduced pneumococcal vaccines into their routine national immunisation programmes. In September 2011, a total of 37 countries were approved for GAVI Alliance vaccine support. Of these 37 countries, 18 were approved for introduction of the pneumococcal vaccines from 2012. Since 2010, GAVI Alliance support has resulted in the immunisation of 3.6 million children with the pneumococcal vaccine. The Alliance is working to vaccinate 90 million children against pneumococcal diseases in 58 countries by 2015.

The Alliance produced a second evaluation report in September 2010. This sets out the main findings of an independent assessment of work under its global Phase II during 2007-2010. It reports that the GAVI Alliance succeeded in attracting funding for immunisation that probably would not have taken place had the Alliance not existed. There is also strong evidence that GAVI's flagship programme, new vaccine support, has accelerated the introduction of life-saving vaccines and immunisation outcomes in the countries for which they were intended. As regards to the question of financial sustainability raised by the report, GAVI Alliance has adopted a revised co-financing policy, effective from December 2010, (with 2011 as a "grace period"). A three-tier system is proposed to enable countries to phase out of GAVI Alliance support for new vaccine according to their income level. The effectiveness of this policy will be assessed in 2014. The objective of the co-financing policy is to enhance country ownership of vaccine financing and put them on a trajectory towards financial sustainability, recognising that the timeframe for achieving this goal will vary across countries.

This action will take into account the relevant recommendations of the abovementioned evaluation as well as the results of the previous action, for which a final report to the European Commission is due before May 2012.

2.3. Complementary actions

The *Agenda for Change*² states that ‘*the EU should take action to develop and strengthen health systems, reduce inequalities in access to health services, promote policy coherence and increase protection against global health threats so as to improve health outcomes for all*’.

The EU's aim is to support developing countries in designing and implementing ‘*national policies, strategies and programmes to make faster progress towards achieving the health MDGs*’. This approach is to be ‘*pursued consistently by the EU through bilateral channels and participation in global initiatives and international fora*’.³

This action complements support provided under thematic budget lines and the intra-ACP strategy for programmes focusing on major poverty-related diseases (HIV/AIDS, malaria and tuberculosis), such as the contribution to the Global Fund against AIDS, Tuberculosis and Malaria, and activities to strengthen the capacity of health systems in ACP countries to deliver basic universally-available healthcare (e.g. the EC/ACP/WHO partnership on health MDGs), along with programmes such as the EC/ACP/WHO partnership on pharmaceutical policies to address specific key priorities in the ACP region, favouring sector-wide approaches that complement and add value to country and regional action, and including non-communicable diseases.

Presently and in parallel to this action, the GAVI Alliance makes available the pneumococcal conjugate vaccines to countries eligible under the Advance Market Commitment (AMC) terms and conditions. In this pilot innovative funding mechanism, donors commit funds to guarantee the price of vaccines once they have been developed. A total of US\$ 1.5 billion has been committed by Italy, the United Kingdom, Canada, the Russian Federation, Norway, and the Gates Foundation. Currently, only PCV10 and PCV13 are AMC-eligible.

2.4. Donor coordination

The GAVI Alliance is a public-private partnership in the field of immunisation. It brings together, *inter alia*, governments in developing and industrialised countries, the World Bank, UN agencies and the private sector.

The nature and scope of the programmes that GAVI Alliance finances are decided by the GAVI Alliance Board,⁴ in which the European Commission takes part, together with Luxembourg and Germany, under the donor country constituency represented by France. The European Commission is the alternate for the constituency. France and Germany represent the constituency in the Programme and Policy Committee and in the Audit and Finance Committee respectively. These bodies advise the Board on all key decisions to be taken.

A large number of EU Member States support the GAVI Alliance: Denmark, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Spain, Sweden,, , , and the

² COM(2011) 137 final, 13.10.2011 .

³ COM (2010) 128 final, 30.03.2010.

⁴ The GAVI Alliance Board is made up of four renewable and 13 rotating members. The renewable members are: UNICEF, the WHO, the Gates Foundation and the World Bank. The rotating seats are distributed as follows: four for developing country governments (Armenia, Cambodia, Ethiopia and Ghana), five for donor country governments (France, the Netherlands, Italy, the UK and the USA) and one each for research and health institutes (International Vaccine Institute), the vaccine industry in industrialised countries (Merck Vaccines), the vaccine industry in developing countries (Bio-Manguinhos/Fiocruz) and civil society groups (International Paediatric Association).

United Kingdom ; and other key donors: Australia, Brazil, Canada, Norway, South Africa, the USA, and the Bill and Melinda Gates Foundation.

GAVI Alliance vaccine support to countries follows the Paris Declaration principles of ownership, alignment, harmonisation, managing for results and mutual accountability, as follows:

- provision of pneumococcal vaccine follows coordination at country level between the government, donors and organisations such as the WHO and UNICEF; and responds to requests from Ministries of Health and Finance in accordance with their national programmes and budget cycles;
- immunisation activities are undertaken by the Ministry of Health using country systems;
- the government is responsible and accountable for achieving targets, and continuation of support is linked to results. Moreover, an enhanced assessment of countries' performance is undertaken annually;
- recipient countries can use their own procurement procedures if they wish, provided these comply with WHO prequalification standards.

GAVI Alliance is a signatory of the International Health Partnership (IHP+) purporting to put international principles for effective aid and development co-operation into practice in the health sector. The GAVI's secretariat is exploring possibilities to align to the Joint Assessment of National Health Strategies (JANS) so as to avoid further and specific assessments.

3. DESCRIPTION

3.1. Objectives

The **overall objective** is to contribute to reducing child mortality, in line with Millennium Development Goal (MDG) 4, by subsidising the introduction of pneumococcal vaccines in the least developed ACP countries eligible for GAVI Alliance support.

The **specific objective** is to fund procurement and delivery of pneumococcal vaccines in least developed ACP countries based on country applications duly approved by the GAVI Alliance Board.

This action continues the previous action: 'Introducing pneumococcal vaccines in the least developed ACP countries'.

3.2. Expected results and main activities

It is estimated that three million infants in ACP countries will be vaccinated with life-saving pneumococcal vaccines under the existing national immunisation programmes.

The **expected results** are:

1. Pneumococcal vaccines (including auto-disable syringes and safety boxes) will be provided to Ministries of Health, in accordance with each country proposal.
2. National immunisation rates for the diseases targeted are improved and/or sustained.

The **activities to be carried out** are:

- Procurement of vaccines (including auto-disable syringes and safety boxes) by UNICEF Supply Division on behalf of GAVI Alliance;
- Shipment of vaccines to beneficiary countries according to the shipment plan;
- Delivery of vaccines to Ministries of Health for distribution at district level.

Vaccines are incorporated into routine immunisation programmes by Ministries of Health. The Ministries capture data on children reached in annual progress reports that are submitted to GAVI Alliance.

Three objectively verifiable major indicators will be used to assess the degree to which results are obtained and activities successfully implemented:

- Number of doses of pneumococcal vaccines provided to Ministries of Health;
- Number of infants immunised with pneumococcal vaccines
- Vaccination coverage against the diseases targeted by the pneumococcal vaccines.

Vaccines will be procured for the least developed ACP countries whose applications for support are approved by GAVI Alliance. The number of doses to be procured will be based on the estimated size of the birth cohort in approved applications. Vaccines will be shipped and delivered to Ministries of Health in the countries concerned according to the UNICEF Supply Division's shipment plan. Vaccines will be stored, then distributed nation-wide by Ministries of Health in the respective countries. Immunisation will take place as part of countries' routine immunisation programme. Countries will report to GAVI on numbers of children immunised in the Annual Progress Report, due the following year.

3.3. Risks and assumptions

The following assumptions have been made for effective implementation:

- a continued stable supply of vaccine from manufacturers and stable pricing of vaccines;
- GAVI Alliance is able to secure and verify data from countries; good cooperation between governments and their Inter-agency Coordinating Committees (ICCs) enables proper implementation and monitoring of immunisation activities, including procurement and delivery of vaccines undertaken by UNICEF Supply Division on GAVI Alliance's behalf;
- the governments are able to secure the sources of funding envisaged for implementation of immunisation programmes in their financial plans;
- socio-economic, political and cultural climates do not impede in-country implementation of immunisation activities.

Risks are the consequences of assumptions that do not hold true during the implementation of the project. In the case of previous grant contracts, vaccine uptake was sometimes lower than expected in countries that experienced political instability. However, the number of potential beneficiary countries makes it possible to ensure that overall, this risk will not affect the purposes of this action.

3.4. Cross-cutting issues

3.4.1. Gender

The GAVI Alliance is committed to ensuring that all girls and boys get equal access to appropriate immunisation and health services: in June 2008, the GAVI Alliance Board approved a new policy on gender, aiming to promote gender equality in immunisation and related health services.

In 2009, the GAVI Alliance Secretariat adopted an implementation plan outlining the steps needed to put the policy into practice, based on the following guiding lines:

- a) generate, report and analyse new evidence on immunisation coverage and access to health;
- b) ensure gender-sensitive policies and funding support, and
- c) advocate gender equality as a means to improve immunisation coverage and access to health services. Annual progress reports are submitted to the GAVI Alliance Board.

3.4.2. Good governance

The technical and management capacity of Ministries of Health will be enhanced by the leading role they play in planning, implementing and monitoring immunisation programmes. Moreover, the project will contribute to the aim of providing all children with immunisation against the major infectious diseases, a fundamental human right.

3.5. Stakeholders

The target population will be **infants** in the least developed ACP countries eligible for GAVI Alliance support.

National governments lie at the heart of national immunisation services and play a crucial role in formulating and implementing Expanded Programmes on Immunisation (EPI). Ministries of Health and of Financial Affairs⁵ decide whether to apply for GAVI Alliance support and what types of support would be appropriate for their country.

Governments convene their national **Inter-agency Coordinating Committees (ICC)** to enable partners to participate in planning and monitoring immunisation programmes. Governments prepare a comprehensive multi-annual plan, receive the vaccines, distribute them to districts and regions, monitor the number of children vaccinated, keep accurate records of immunisation rates and prepare Annual Progress Reports for review by the ICC and other parties as required.

In every target country, an ICC is set up, made up of senior representatives of partner agencies and organisations (both governmental and non-governmental) involved in developing or providing immunisation services. ICCs may focus exclusively on immunisation or on a broader set of child or mother-and-child health services. Most meet at least four times a year and are chaired by senior Ministry of Health officials.

The national ICCs' responsibilities include:

- reviewing, signing and submitting applications for support to the GAVI Alliance Secretariat;

⁵ Operational and financial plans in the application have to be endorsed by Ministries of Financial Affairs

- participating in preparing, signing and submitting the country's Annual Progress Reports, together with supporting documents, to the GAVI Alliance Secretariat;
- reviewing and submitting data quality audit reports to the GAVI Alliance Secretariat;
- monitoring implementation of immunisation programmes and tracking disease surveillance data;
- providing a record of their deliberations in the minutes of all meetings.

The GAVI Alliance Secretariat determines the number of doses needed, based on country applications, UNICEF/WHO data and previous experience. It liaises with the UNICEF Supply Division for negotiations with suppliers, and the procurement of vaccines. It keeps track, along with the countries concerned, of any additional needs, reviews the annual country progress report in the Independent Review Committee and reports to the GAVI Alliance Board on any special issue or problem.

While GAVI Alliance finances the purchase of vaccines, it has no direct role in procurement. Vaccines are procured and delivered to countries by **UNICEF Supply Division (SD)**. UNICEF SD is a major procurer of vaccines for low-income countries, purchasing vaccines on their behalf with funds from aid agencies, the countries involved, GAVI Alliance and other organisations. The collaboration between GAVI Alliance and UNICEF was legally formalised on 19 May 2006 in a 'Memorandum of Understanding' on the operational aspects of UNICEF's role as a procurement agency for the GAVI Alliance.

UNICEF SD negotiates with suppliers, purchases and ships the vaccines to Ministries of Health and is a critical supporting partner in each participating country as a member of the ICC on application development, implementation and monitoring.

UNICEF SD publishes planned and actual shipments and data on confirmed arrivals of new and underused vaccines funded by GAVI Alliance, including pneumococcal (number of doses and dates of arrival are stated)⁶.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The implementation method is direct centralised management with the European Commission as the contracting authority. This action will be implemented through the direct award of a grant contract to the GAVI Alliance on the basis of *de facto* monopoly.

4.2. Procurement and grant award procedures

4.2.1. Contracts

All contracts implementing the action must be awarded and implemented in accordance with the procedures and standard documents laid down and published by the Commission for the implementation of external operations, in force at the time of the launch of the procedure in question.

Participation in the award of contracts for the present action shall be open to all natural and legal persons covered by Regulation No 1905/2006 establishing the Development

⁶ http://www.unicef.org/supply/index_gavi.html .

Cooperation Instrument (DCI). Further extensions of this participation to other natural or legal persons by the concerned authorising officer shall be subject to the conditions provided for in articles 31(7) and (8) of DCI.

4.2.2. *Specific rules for grants*

The essential selection and award criteria for the award of grants are laid down in the Practical Guide to contract procedures for EU external actions. They are established in accordance with the principles set out in Title VI 'Grants' of the Financial Regulation applicable to the General Budget. When derogations to these principles are applied, they shall be justified, in particular in the following cases:

Financing in full (derogation to the principle of co-financing): the maximum possible rate of co-financing for grants is 80 %. Full financing may only be applied in cases provided for in Article 253 of the Commission Regulation (EC, Euratom) No 2342/2002 of 23 December 2002 laying down detailed rules for the implementation of the Financial Regulation applicable to the General Budget. For this action, full financing is considered in view of the Commission Regulation 2342/2002, which provides that financing in full may be authorised for actions to protect health. For this action, in order to clearly target the EU contribution, the grant contract will only cover this contribution. It will include a specific budget breakdown that will define the exact quantities of vaccines to be procured and delivered, whose total value will be equal to that of the grant contract.

A grant contract will be signed with GAVI Alliance, which will be responsible for implementing the Action. Purchase and distribution of vaccines will be done through the UNICEF Supply Division. As in previous cases of grant contracts signed with GAVI Alliance,⁷ this direct award to the GAVI Alliance is granted on the basis of the *de facto* monopoly held by GAVI Alliance as defined in the section 6.3.2 of the 'Practical guide to contract procedures for EU external actions':

- GAVI Alliance is a global Health Initiative in the immunisation field. It works as a Public-Private Partnership with a mandate from a community of donors and civil service organisations. This unique forum therefore holds a specific status in the development arena with an unparalleled catalytic role in the achievement of the fourth MDG: reducing the mortality of children under five.
- GAVI Alliance is the sole organisation with knowledge and competence in the field of immunisation that simultaneously acts as vaccine provider, fundraiser and provider of funds for the development of new vaccines.

4.3. **Budget and calendar**

The indicative starting date of the action is September 2012. The estimated project implementation duration is 36 months.

⁷ This *de facto* monopoly situation has already been recognised by previous EU Decisions that have awarded direct grants to GAVI Alliance, e.g. the Written Procedure No PE/2516/2005 and PE/2010/6752.

Table 1: Indicative budget breakdown

	EU Contribution in €
Grant (Direct award to GAVI)	10 000 000
Total	10 000 000

The value of pneumococcal vaccines (including auto-disable syringes, safety boxes and freight) decided by the GAVI Alliance Board for the GAVI Alliance-eligible ACP countries, and in effect received by these countries, should be at least equal to the amount of the grant contract signed between the European Commission and GAVI Alliance.

4.4. Performance monitoring

GAVI Alliance support is subject to performance monitoring to track progress achieved the previous year, to declare targets planned for the following year and to verify the sustainability of existing financing mechanisms. Each year, governments prepare an Annual Progress Report, assisted and validated by their ICC. These Annual Progress Reports are screened by the IRC and compared with the WHO-UNICEF Joint Reporting Form to verify the data.

The UNICEF Supply Division publishes planned and actual shipments and data on confirmed arrivals of vaccines financed by GAVI Alliance. It also indicates the weighted average prices paid for the vaccines.

4.5. Evaluation and audit

If required, a final evaluation of the project will be carried out. In line with good administrative practice, the evaluation could include other aspects of previous projects funded by the EU. It is understood that the Chief Authorising Officer may organise independent inspections, including on-the-spot checks, related to activities financed under this project.

Concerning activities to be implemented by UNICEF SD on behalf of the GAVI Alliance (procurement, shipment and delivery of vaccines), financial transactions and financial statements shall be subject to the internal and external auditing procedures laid down in the Financial Regulations, Rules and directives of UNICEF. The European Union may carry out inspections, including on-the-spot checks, related to EU-financed actions, in accordance with the Financial and Administrative framework Agreement between the EU and the UN.

4.6. Communication and visibility

In coordination with the European Commission, GAVI Alliance will:

- issue a press release to announce the European Commission's decision to fund the procurement of new life-saving pneumococcal vaccines for children in some of the world's poorest countries;
- publish an article on the GAVI Alliance website acknowledging the EU's contribution;
- endeavour to place articles in relevant media;

- produce printed material to be displayed or handed out during relevant EU events.

ANNEX II

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 1.2: *GOOD HEALTH FOR ALL*

CONFRONTING MAIN COMMUNICABLE (HIV/AIDS, MALARIA AND TUBERCULOSIS), NEGLECTED AND EMERGING DISEASES THROUGH THE SUPPORT OF ACCESS TO PREVENTION, CARE, TREATMENT AND SUPPORT

1. IDENTIFICATION

Title/Number	2012 Annual contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Amendment 1 to contract DCI-SANTE/2011/ 262-496		
Total cost	EU contribution: EUR 50 000 000		
Method/ Management mode	Project approach — Joint management with an international organisation (World Bank — the Global Fund to Fight AIDS, Tuberculosis and Malaria)		
DAC code	12250	Sector	Infectious disease control

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI),¹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.² Under the theme of ‘Good Health for all’, it addresses four key areas: human resources for health (HRH), sexual and reproductive health and rights (SRHR), neglected and non-communicable diseases, and confronting HIV/AIDS, malaria and tuberculosis. The programme thus recognises that diseases such as HIV/AIDS, malaria and tuberculosis severely undermine general human and social development work.

The mid-term review of the Strategy Paper adopted on 5 November 2010³ recognises that progress towards the Health MDGs remains off beam in a large number of developing countries due to a combination of factors, including high disease burden. The review therefore states that health action in the period 2011-2013 should continue to provide support to initiatives that have proved successful or appropriate for accelerating country

¹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41).

² http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

³ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

progress towards the MDGs – these include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which has delivered impressive results for malaria and tuberculosis in a number of countries.

2.1. Sector context

Tackling HIV/AIDS, malaria and tuberculosis remains a major challenge for many developing countries in their work to achieve the health-related Millennium Development Goals (MDGs) by 2015. These diseases severely undermine general human and social development work. In 2000, the EU redefined its role and accelerated its response to HIV/AIDS, malaria and tuberculosis in a coherent and comprehensive framework.⁴ Using this framework, in 2001 the European Commission adopted a Programme for Action⁵ to improve the effectiveness of existing initiatives targeting the major communicable diseases and poverty reduction, to make pharmaceuticals more affordable and to support research and development in regard to global public goods for tackling these diseases.

The EU policy on HIV/AIDS, malaria and tuberculosis is spelled out in the Communication adopted in October 2004 entitled *A coherent European policy framework for external action to confront HIV/AIDS, malaria and tuberculosis (TB)*.⁶ In April 2005, the European Commission adopted *A European programme for action to confront HIV/AIDS, malaria and tuberculosis through external action 2007-2011*,⁷ which proposes a series of actions at both country and global levels. Country-level action includes capacity building, increasing human resource capacity to mitigate the brain drain, broad cooperation between stakeholders, investing in social services and surveillance, monitoring health outcomes and boosting local capacity to produce pharmaceutical products. Proposed global-level action covers five areas: affordable pharmaceutical products, increasing regulatory capacity in developing countries, developing new tools and interventions, strengthening partnerships with multilateral agencies and other institutions, and maintaining a strong European voice at EU and G8 summits. A major objective of the programme is to invest more in scaling up the schemes that have delivered results.

The Programme for Action underwent a mid-term review in 2009.⁸ The Council conclusions adopted on 19 November 2009⁹ then reiterated the EU commitment to combating the diseases. The Council conclusions also urged the Commission and Member States to deepen policy dialogue and collaboration with partner countries and

⁴ *Accelerated action targeted at major communicable diseases within the context of poverty reduction* (COM(2000) 585).

⁵ *Programme for action on communicable diseases in the context of poverty reduction* (COM(2001) 96).

⁶ COM(2004) 726 final. Point 4.2.2 clearly states: 'The European Commission will increase funding support to confronting the three diseases through innovative action. The global fund has proven to be a comparatively fast way of channelling EC funds into confronting the three diseases at country level and has already shown key results'.

⁷ COM/2005/179 final.

⁸ Commission staff working document 'Progress Report on the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007- 2011)' (SEC(2009) 748 final).

⁹ Council conclusions on Progress on the European Programme for Action to confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011), 2974th External Relations Council meeting, 17 November 2009.

other development partners, including private sector actors, with a view to developing a long-term response to the three diseases, achieving universal access to HIV prevention, treatment, care and support by 2010 and hitting the MDG targets related to HIV/AIDS, malaria and tuberculosis by 2015.

Tackling HIV/AIDS and other poverty-related diseases, such as malaria and tuberculosis, is a major part of the EU development agenda, as outlined in the European Consensus on Development and in the Joint Statement signed on 20 December 2005,¹⁰ which states that the EU will support the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). The Communication on the EU role in global health (2010)¹¹ calls for EU support to be concentrated on the strengthening of health systems and for this approach to be promoted in the governance of global initiatives such as the GFATM. The corresponding Council conclusions support this approach, value the contribution of initiatives such as the GFATM to global health, and ask for more EU support for them to apply aid effectiveness principles.¹²

In line with the Programme for Action, the European Consensus and the Joint Statement, the thematic programme 'Investing in People' will channel health sector support in 2012 to programmes and initiatives designed to improve access to prevention, treatment, care and support around the world. It will do this by making a financial contribution to the GFATM.

The Global Fund is a public-private partnership and a global financial instrument designed to make available and leverage additional financial resources to fight HIV/AIDS, tuberculosis and malaria.

2.2. Lessons learnt

It is estimated that as of December 2011, GFATM grants have provided antiretroviral (ARV) treatment for AIDS to more than 3.3 million people, 190 million counselling and testing sessions have been made available, 5.8 million orphans have been provided with medical services, education and community care, 1.3 million HIV-positive pregnant women have been provided with Prevention of Mother to Child Transmissions (PMTCT) treatment, 8.6 million people with new cases of infectious tuberculosis have been detected and treated, 142.4 million have been given malaria treatment, and more than 230 million insecticide-treated mosquito nets have been provided to families.

By December 2011, the Global Fund had approved a total of US\$22.6 billion to finance 1000 grants in 150 countries and by January 2011 had disbursed US\$13 billion to grant recipients. Of the approved grants, 57% were committed to AIDS programmes, 14% to tuberculosis and 29% to malaria.

Between 2007 and 2008, the Global Fund underwent a five-year evaluation organised into three areas: organisational efficiency and effectiveness of the Global Fund,

¹⁰ Joint Statement by the Council and the representatives of the Governments of the Member States within the Council, the European Parliament and the Commission on European Union Development Policy: 'The European Consensus', adopted by the General Affairs and External Relations Council on 22 November 2005 (OJ C 46, 24.2.2006, p. 1).

¹¹ COM(2010) 128 final.

¹² Council Conclusions of 10.05.2010 (9505/10).

effectiveness of the Global Fund partner environment, and impact on HIV, tuberculosis and malaria.

The evaluation¹³ confirmed that the Global Fund does play an important role in the global development architecture and merits continued support from multiple development actors involved in combating HIV/AIDS, tuberculosis and malaria. The Fund has contributed to significant progress and achievements in the fight against AIDS, tuberculosis and malaria and has laid the foundation for continued, successful scale-up. However, not all the original expectations of the Global Fund have been met. A concerted effort is still needed to continue revising and refining the Global Fund's principles, systems and practices in order to increase funding for scaling up, especially given the current financial climate. The key messages from the evaluation highlight the urgent need to focus on principles of mutual accountability in partnerships, review and reinforce the performance-based funding system to secure its integrity, and step up the fight against the three diseases by strengthening health systems.

In response to a press release issued in January 2011, reporting misuse of GFATM funds in four countries (Djibouti, Mali, Mauritania, Zambia), the Commission put its 2011 contribution to the GFATM on hold, commissioned a follow-up audit to its 2010 institutional audit and set three clear criteria¹⁴ on which to base a decision to resume funding. In addition, the GFATM Board commissioned a High Level Panel Review in 40 countries. While both reports gave sufficient evidence that the criteria set were being met, they also highlighted critical weaknesses, needing urgent action. In this respect the September Board took a number of important decisions for follow-up by the November Board, which led the Commission to decide to delay resumption of payment of its 2011 contribution. The November Board adopted a consolidated transformation plan and approved the Global Fund Strategy 2012–2016. These measures gave sufficient evidence that the Global Fund Secretariat was serious about its reforms and its response to the identified weaknesses and allowed the Commission to take the decision to resume funding the 2011 contribution with immediate effect.

This positive decision allowed the Commission to disburse its 2011 commitments and to support implementation of the Global Fund Strategy Framework 2012-2016: 'Investing for Impact'. The Commission has been working with Constituency members (Belgium, Finland and Portugal), as well as other interested EU Member States, to ensure not only that the new strategy has a continued results and impact focus in the fight against the three diseases but also that there is greater efficiency in grant management, with strong fiduciary controls, and that the GFATM properly takes forward Aid Effectiveness and International Health Partnership principles. Close follow-up and continued involvement in the governance of the GFATM Board will be necessary.

The EU considers that to improve the Global Fund's performance and results, the following issues need to be addressed:

¹³ Technical Evaluation Reference Group Summary Paper: Synthesis Report of the Five-Year evaluation of the Global Fund:

http://www.theglobalfund.org/documents/terg/TERG_Summary_Paper_on_Synthesis_Report.pdf.

¹⁴ 1. Whether the main recommendations of the preceding 2010 audit ('5 pillar' assessment) have been followed up and implemented; 2. whether the Global Fund has responded adequately to the instances of misuse of funds; 3. whether appropriate measures are put in place to significantly reduce the risk of misuse of funds in the future.

- The Global Fund should align more on countries' national priorities and simplify its procedures, which have become very complex. Programmes supported by the GFATM should be more integrated in national health strategies, and look at synergies between disease-specific interventions and system building. This would improve the response capacity of health systems as a whole and would help avoid bottlenecks and the diversion of scarce resources to specific diseases.
- The EU Delegations and European donors present in a country should follow up discussions within the Country Coordination Mechanism (CCM) and ensure more complementarity and coherence between each of the Global Fund proposals, national health strategies and the Commission's / Member States' initiatives at country level, while taking account of action by other donors.
- Financial oversight of the grants should be improved, with a clearer role for the CCM and a greater mandate for the Local Fund agent (LFA) to track diversion of funds. The Office of the Inspector General, acting independently of the Secretariat and reporting directly to the Board, is key to the credibility of the GFATM.

2.3. Complementary actions

Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria is in addition to a contribution from the European Development Fund (EDF). The EU intends to continue contributing EUR 100 million annually until 2013, shared equally between the thematic programme 'Investing in People' and the 10th EDF Intra-ACP funds.

Between 2001 and 2011, the EU disbursed EUR 1037.5 million in payments to the GFATM, of which EUR 530 million came from the EDF and EUR 487.5 million from the EU budget.

In addition to financial support to the Global Fund, the European Commission (in joint management with the World Health Organisation) supports capacity building in six ACP countries to scale up national work to provide universal access to HIV/AIDS prevention, care and treatment by improving implementation of national AIDS responses, including Global Fund grants.

The Global Fund complements the ongoing and often substantial investment by bilateral and multilateral donors and development banks. In sub-Saharan Africa, the Global Fund may contribute a large proportion of the total in-country investment, particularly for malaria and tuberculosis. Donors will continue to help improve outcomes for the three diseases in various ways, including technical assistance, targeted projects and budgetary support. Country proposals for financing from the Global Fund are submitted through the Country Coordinating Mechanism, which groups all stakeholders involved in combating the three diseases. This maximises the Global Fund's potential to support additional investment, fills gaps in the national responses and complements other work.

2.4. Donor coordination

The Global Fund has signed the Paris and Accra Declaration on Aid Effectiveness. It harmonises donor contributions to a common, untied fund at international level, and reflects many of the Paris principles in its founding documents. The Global Fund, along with other global initiatives, tracks indicators related to the Paris principles and learns

lessons from putting the principles into practice. The Global Fund is fully committed to this effort by:

- working with the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) to develop and implement a survey instrument for tracking progress towards the Paris Declaration targets;
- representing global initiatives in the Paris process, including the Global Alliance for Vaccines and Immunisation (GAVI), the Global Environment Facility (GEF), and the Education for All – Fast Track Initiative (EFA-FTI);
- publishing baseline data and monitoring Global Fund results and targets; and
- participating in the Measurement Working Group.

As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organisations involved in health and development issues to ensure that newly funded programmes are coordinated with existing ones. In many cases, these partners participate in country coordinating mechanisms, providing important technical assistance to develop proposals and implement programmes.

The Global Fund is increasingly involved in work to strengthen health systems, in cooperation with GAVI, the World Bank and the WHO, notably through the Health Systems Funding Platform (HSFP). A new architecture for grant funding to facilitate alignment and harmonisation with national and other international funding, the so-called ‘Health Systems Strengthening Window’, was operational on a voluntary basis in 2010 and for all new grants as from 2011. Multi-stakeholder monitoring of these new approaches will be necessary in order to evaluate whether they effectively contribute to increasing national ownership of GFATM programmes.

The European Commission has coordinated a supportive European stance towards the Global Fund and held the seat of Vice-Chair of the Board from March 2006 to March 2007. It is currently represented on the Board by the Directorate-General for Development and Cooperation EuropeAid. In addition, it is a member of the Board’s Finance and Operational Performance Committee. Other EU Member States are represented on the Board through constituencies formed with their partners. All views expressed by the Commission on the Board are closely coordinated with constituency members (Belgium, Finland and Portugal); the Commission organises regular consultations with all EU donors to the GFATM in advance of Board meetings or other important events.

3. DESCRIPTION

3.1. Objectives

The overall objective of this action is to contribute to achieving the Millennium Development Goals (1, 4, 5 and 6)¹⁵ by reducing the number of cases of ill-health, death and disability due to HIV/AIDS, malaria and tuberculosis and hence their impact on society.

The specific objective is to mitigate the impact of HIV/AIDS, tuberculosis and malaria.

¹⁵ MDG 1: Eradicate extreme poverty and hunger
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 6: Combat HIV/AIDS, malaria and other diseases (see <http://www.un.org/millenniumgoals/bkgd.shtml>).

3.2. Expected result and main activities

The Global Fund provides resources to enable beneficiary countries and their development partners to scale up defined national responses to the three diseases.

The expected result is:

- Increased coverage and utilisation of effective interventions and greater commodity security to fight the three diseases in the poorest developing countries.

The GFATM is a financial instrument, not an implementing entity. It makes available and leverages additional financial resources to fight HIV/AIDS, tuberculosis and malaria by supporting programmes that reflect national ownership and respect country-led formulation and implementation processes.

The GFATM Secretariat launches calls for proposals on a regular basis, and awards and manages grants according to a transparent process, following the guidance and decisions of the Board.

The Global Fund has defined a set of eligibility criteria, including the disease burden for HIV/AIDS, tuberculosis and malaria and poverty indicators. It encourages new and innovative alliances between partners in recipient countries and seeks to actively involve local representatives of civil society and the private sector in the CCM. The Fund encourages interventions focused on strengthening national, sub-national and community systems to increase the demand for, access to, and the quality of services, as well as equal access to services by women and men of all ages and by key affected populations and sexual minorities. This approach fosters effective disease-specific strategies and supports efforts to strengthen underlying health systems in recipient countries, consistent with national strategic plans.

Under the proposal, the grantee is expected to indicate baseline data, targets and key indicators. The Global Fund requires principal recipients (organisations in the CCMs) to report results on a regular basis, and these reports are verified by independent consultants known as Local Fund Agents (LFAs). This enables the Global Fund to ensure that funds channelled through the Fund Trustee reach those for whom they are intended and are spent efficiently. This system of performance-based funding also allows the Global Fund to react quickly should problems arise. It acts as an important signal to industry of commitment to purchase, which gives industry the incentive to develop new commodities and make price reductions.

Activities that may be supported by the Fund include: increased access to health services; provision of critical health products including drugs (like bed nets, condoms, antiretrovirals, anti-tuberculosis and antimalarial drugs, treatment for sexually transmitted infections, laboratory supplies and materials, and diagnostic kits); training of personnel and community health workers; behaviour change and outreach; and community-based programmes including care for the sick and orphans.

3.3. Risks and assumptions

The Global Fund seeks to minimise transaction costs while maintaining adequate safeguards to ensure that funds are used effectively and achieve results. It provides resources for the first two years of what will normally be a five-year programme. This is subject to arrangements in place for local fiduciary procedures, procurement and monitoring. The provision of resources for the third year and beyond is subject to demonstration of results and the ability to absorb available resources. As the Global Fund is focusing on the least developed countries, safeguards need to be in place for minimising risks while allowing significant funds to be effectively channelled to those in need. In 2012 the GFATM Board will review the risk management framework and risk register to take more fully into account the findings of the 2011 investigations mentioned in part 2.2 above.

In implementing its reform and transformation plan, the Global Fund must ensure that CCMs do not become permanent GFATM entities instead of focusing on incorporating coordination functions into existing country systems. Increased demand for control may lead to increased management costs and to a danger of moving away from a lean organisation model. The Global Fund must find the right balance between the requirements of improved internal control (OIG, LFA) and the accepted requirements of the aid effectiveness agenda (use of national audit, use of countries' internal control systems, TA managed by each country and based on the countries' own capacity analysis).

3.4. Cross-cutting issues

The Global Fund is increasing interventions targeting women and children, who are particularly vulnerable to HIV and malaria infections. Mother/child transmission together with social norms and behaviour and the persistence of gender inequalities have a major impact on the spread of these diseases, in particular HIV/AIDS, which need to be addressed by the Global Fund through specific measures.

The Global Fund recognises that gender issues play an important role in the fight against HIV/AIDS, tuberculosis and malaria and is putting in place a programme to sharpen its gender focus in the Secretariat's internal mechanisms and operations. The programme includes developing a gender policy and appointing a gender focal point to implement and monitor the policy. The policy focuses on systematic training on gender issues linked to the three diseases for all Secretariat staff to heighten awareness. Gender expertise within Global Fund structures has also been strengthened, for example through revised composition guidelines for the Country Coordinating Mechanisms and a review of the Technical Review Panel's membership. There is also a need to strengthen and mainstream gender in the Secretariat's operations. In this regard, and in the light of country-level evidence, strategic partnerships are being scaled up and innovative approaches to more comprehensive sexual and reproductive health and rights and family planning programmes are being encouraged. Additional criteria for grant eligibility, monitoring and evaluation are being developed to measure gender awareness, and additional guidelines on indicators to address gender equality and sexual and reproductive health will be included in the Monitoring and Evaluation Toolkit.

With the adoption of the new Strategy 2011-2016, the Global Fund will equally be focusing on human rights and will base funding decisions on compliance with minimum standards.

3.5. Stakeholders

The Global Fund is governed by an international **Board** consisting of nineteen voting members and four non-voting members. Voting members include government representatives from donor and recipient countries and representatives of affected communities, private sector businesses, philanthropic foundations and NGOs. Representatives of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) also participate as *ex-officio* (non-voting) members, as does the World Bank, which serves as the Fund's trustee. The Board is advised by a number of committees set up to address specific areas of difficulty or complexity that may arise.

The Fund's **Secretariat** is responsible for day-to-day operations, including mobilising resources from the public and private sectors, managing grants, providing financial, legal and administrative support, and reporting on the Fund's activities to the Board and the public.

To support the Fund in financing effective programmes, the Board relies on an independent panel of international experts on health and development. **The Technical Review Panel (TRP)** reviews eligible grant proposals on grounds of technical merit (soundness of approach, feasibility and potential for sustainability). Based on this review, the TRP recommends proposals for funding to the Board.

The **Partnership Forum** meets every two years, assembling a broad range of global stakeholders to discuss the Fund's performance and to make recommendations on its strategy and effectiveness.

The **Office of Inspector General (OIG)** operates as an independent unit of the Fund, reporting directly to the Board. The overall and primary purpose of the OIG is to provide the Fund with independent and objective oversight to ensure the integrity and effectiveness of its programmes and operations, including compliance with policies and procedures. The OIG assists the Fund in protecting assets and preventing and detecting fraud, waste, abuse, malfeasance or mismanagement. The OIG has two specific responsibilities: investigation of potential fraud, abuse, misappropriation, corruption and mismanagement of funds; and audit and inspection of activities and transactions to assess the effectiveness of internal controls and to identify areas that will enable the Fund to achieve better results.

The **Technical Evaluation Reference Group (TERG)** is an advisory body providing independent assessment and advice to the Board on issues that, in its view, require the Board's attention. The Board also directs the TERG to examine specific programming aspects of the Fund, as appropriate. The TERG advises the Secretariat on evaluation approaches and practices, independence, reporting procedures and other technical and managerial aspects of monitoring and evaluation at all levels. The members of the TERG are drawn from a range of stakeholders, including practitioners, research institutions, academics, donor and recipient countries, and non-governmental organisations. They are nominated and confirmed by the Board.

Country Coordinating Mechanisms (CCMs) are central to the Fund's commitment to local ownership and participatory decision-making. These country-level partnerships develop and submit grant proposals to the Fund based on priority needs at national level. After the approval of grants, they oversee progress during implementation.

The CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organisations, academic institutions, private businesses and people living with the diseases.

EU Delegations are in a number of cases members of CCMs, playing a very active role in certain countries, in collaboration with the Member States.

For each grant, the CCM nominates one or more public or private organisations as the **Principal Recipient**.

The Fund does not have a country-level presence beyond its offices in Geneva, Switzerland. Instead, it hires **Local Fund Agents (LFAs)** to oversee, verify and report on grant performance. LFAs are selected through a competitive bidding process.

The Fund normally has one LFA in each country where it has approved a grant. This gives it access to local knowledge that may be relevant to grant performance. There are some cases, however, where it is not possible to have a LFA in the country. In these cases, the LFA is based in a nearby country and flies in from time to time to verify grant implementation.

4. IMPLEMENTATION ISSUES

4.1. Implementation method

The contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria involves joint management with an international organisation (World Bank), under Articles 53 and 165 of the Financial Regulation¹⁶ and Article 43 of the Implementing Rules.¹⁷

4.2. Procurement and grant award procedures

All contracts implementing the action must be awarded and performed in accordance with the procedures and standards as laid down and published by the Fund.

Grants will be awarded to the selected projects following international calls for proposals and approval by the Board of the Fund.

¹⁶ Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002 on the Financial Regulation applicable to the general budget (OJ L 248, 16.9.2002, p. 1).

¹⁷ Commission Regulation (EC, Euratom) No 2342/2002 of 23 December 2002, laying down detailed rules for the implementation of the Financial Regulation applicable to the general budget (OJ L 357, 31.12.2002, p. 1).

4.3. Budget and calendar

A budgetary commitment will be made for the EUR 50 million contribution, which will be disbursed in one or two payments to constitute part of the pool of financial resources of the Fund.

The indicative duration of execution of the amendment is 12 months.

4.4. Performance monitoring

The performance of the Fund is monitored at six-month intervals by assessing the results against a set of indicators agreed by all stakeholders. The top ten service indicators used for routine reporting are: the number of people currently receiving antiretroviral (ARV) therapy, the number of new tuberculosis cases detected,¹⁸ successfully treated or enrolled for multidrug-resistant treatment, the number of insecticide-treated bed nets distributed to people, the number of people receiving anti-malaria treatment, the number of people counselled and tested for HIV, including provision of results, the number of HIV-positive pregnant women receiving a complete course of ARV prophylaxis to reduce mother-to-child transmission, the number of condoms distributed to people, the number of people benefiting from community-based programmes, the number of people receiving treatment for infections associated with HIV, and the number of service deliverers trained.

The Global Fund has also adopted some impact indicators to be used mainly for medium-term reporting (one to five years). These indicators include: the percentage of people aged 15-24 who are HIV-infected (HIV prevalence) applicable to most-at-risk populations in concentrated/lower epidemics; the percentage of people still alive 12 months after initiating ARV treatment (reduced mortality); the percentage of infants born to HIV-positive mothers who are HIV-infected (reduced mother-to-child-transmission); the percentage of people aged 15-24 who had sex with more than one partner in the last year; the percentage of people aged 15-24 with no regular partner in the last year who consistently used condoms; the tuberculosis detection rate and tuberculosis treatment success rate; the estimated number of active tuberculosis cases per 100000 people (TB prevalence rate); the number of malaria-associated deaths and the incidence of clinical malaria cases.

Individual funded projects are monitored regularly. Performance monitoring begins when the grant agreement is signed, when targets and indicators are agreed upon between recipients and the Global Fund. Only grant recipients that can demonstrate measurable and effective results from the funds received will be able to receive additional funding.

4.5. Evaluation and audit

The individual grant projects are evaluated as part of the contract agreements between principal recipients and the Fund. The Fund also commissions independent evaluations of the projects, and it is evaluated itself at five-year intervals.

¹⁸ Indicators are classified according to the Fund's classification and differ in some respects from those of the European Commission. For example, TB detection rate is an outcome indicator under the Commission's classification.

The Global Fund underwent a five-year evaluation in the period 2007-2009. The detailed evaluation findings, recommendations and the response from the TERG can be found in the Synthesis Report.¹⁹

The Fund's accounts are audited annually by independent auditors.

4.6. Communication and visibility

The EU's visibility, pivotal leadership, and fund mobilisation and monitoring role in the GFATM is strengthened through active participation in the Board, in the Board's Policy and Strategy Committee and in the Country Coordination Mechanisms of individual countries.

¹⁹ Technical Evaluation Reference Group Summary Paper: Synthesis Report of the Five-Year evaluation of the Global Fund:
http://www.theglobalfund.org/documents/terg/TERG_Summary_Paper_on_Synthesis_Report.pdf.

ANNEX III

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 1.3: *GOOD HEALTH FOR ALL*

IMPLEMENTATION OF THE CAIRO AGENDA, INCLUDING PROVISION OF COMMODITIES AND SUPPORTING CIVIL SOCIETY ORGANISATIONS IN THE COUNTRIES WITH THE WORST INDICATORS

1. IDENTIFICATION

Title/Number	Additional support to the Global Programme to Enhance Reproductive Health Commodity Security Amendment to contract DCI-SANTE/2011/ 261-051		
Total cost	Indicative total cost for the period 2012-2013: EUR 150 000 000 Additional EU contribution: EUR 8 300 000 (Total EU contribution including current amendment: EUR 32 658 000)		
Aid method / Method of implementation	Project approach — <i>Joint management with the United Nations Population Fund (UNFPA)</i>		
DAC-code	13010	Sector	Population policy and administrative management

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries, in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI),¹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.² Under the theme ‘Good Health for all’, it addresses four key health areas: human resources for health (HRH), sexual and reproductive health and rights (SRHR), neglected and non-communicable diseases and confronting HIV/AIDS, malaria and Tuberculosis.

The mid-term review of the Strategy Paper adopted on 5 November 2010³ recognises that progress towards the health-related MDGs remains off track in a large number of developing countries due to a combination of factors: high burden of disease, weak underfinanced health systems, lack of public health technical capacity, and low political commitment to address the societal, cultural or life-style-related factors of poor health.

¹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41)..

² http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

³ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

This action aims to address these factors, in a way that complements EU country programmes.

Global indicators on **sexual and reproductive health** are not improving. Modern contraception is still not readily available. Services for adolescents — both girls and boys — are far from adequate, though many are already sexually active and represent future generations. Sexual and reproductive health is not consistently addressed in healthcare programmes, nor is it linked to HIV/AIDS programmes in developing countries.

Moreover, population growth hampers development and perpetuates poverty in many of the poorest countries.⁴ The world's population was 7 billion in October 2011 and is projected to reach 9.3 billion people in 2050. Women are on average having fewer children than they were in the 1960s, but the population continues to rise. In many parts of the developing world, population growth is outpacing economic growth. The need for reproductive health care, especially voluntary family planning, remains unmet. Stabilising the size of the population is essential to enable economic growth and development.

2.1. Sector context

The 1994 Cairo International Conference on Population and Development (ICPD)'s Programme of Action called on all countries to take steps to provide universal access to a full range of safe and reliable family-planning methods and related reproductive health services.⁵ The aim is to assist couples and individuals to achieve their reproductive goals and give them the opportunity to exercise the right to have children by choice. In addition, it was recognised that meeting the reproductive health needs of the population is crucial to achieving the Millennium Development Goals.

Some countries have made much progress in reducing maternal mortality. But new estimates show that the rate of reduction is still well short of the 5.5 % annual decline needed to meet the MDG target. Although the use of modern contraceptives is on the rise in countries most in need of assistance, progress has been slow. There is a persistent unmet need for contraceptives, which suggests that programmes to improve availability and access to reproductive health supplies should be expanded.

Availability and access to reproductive health supplies are crucial if health outcomes, such as maternal health and HIV prevention, are to be improved, and people enabled to plan the size of their families. Estimates have indicated that maternal deaths can be reduced by a third through preventing unwanted pregnancies and unsafe abortions, while offering reliable access to quality family planning services and information. The lives of between 100 000 and 175 000 women could be saved each year.⁶

4 As proven by numerous academic papers and studies — for example: UNFPA, Guttmacher Institute 'Adding it up: The costs and benefits of investing in Family Planning and Maternal and Newborn Health'. 2009.

5 See Paragraph 7.16 of the ICPD PoA at http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf.

6 Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2008 at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/2008_donor_support_report.pdf.

Reproductive health supplies, including HIV test kits and diagnostics, are crucial for successful HIV prevention strategies and programmes, as are male and female condoms, which can reduce the risk of sexually transmitted infections, including HIV. For these reasons, the United Nations Population Fund (UNFPA) is committed to working with other agencies to prioritise gender and sexual and reproductive health and to make contraceptives available to all who need them so as to support informed family planning choices and to help combat HIV/AIDS.

At global and regional levels, various initiatives and declarations have called for concerted action to invest in sexual and reproductive health programmes. On 22 September 2010, the UN Secretary-General, Ban Ki-moon, officially launched a new Global Strategy for Women's and Children's Health.⁷ The strategy seeks to build on existing commitments to women and children's health and to secure new commitments from a range of influential partners. It aims to complement existing regional and country strategies for achieving the MDGs.

In June 2010,⁸ the G8 leaders pledged to work with multiple partners worldwide to achieve the targets set in 2001 for MDGs 4 and 5: reduce by two-thirds the under-five mortality rate, reduce by three-quarters the maternal mortality ratio between 1990 and 2015; and to achieve, by 2015, universal access to reproductive health services.

In July 2010⁹ African leaders, during the 15th Ordinary Session of the African Union, reaffirmed the importance of strengthening health systems to provide comprehensive care, integrating maternal, newborn and child health-care services, in particular, providing primary health care by repositioning family planning, including consistent availability of reproductive health supplies and developing infrastructure and appropriately-skilled and located human resources.

These commitments by world leaders underpin the importance of boosting efforts to improve maternal health by providing quality reproductive health services and well-timed interventions. Failure to take action will result in hundreds of thousands of preventable deaths each year.¹⁰ Ensuring that a reliable, consistent supply of sexual and reproductive health supplies is available to those who need them is vital to prevent maternal deaths and to ensure that every pregnancy is wanted and every birth safe.

Since 2007, the Global Programme to enhance Reproductive Health Commodity Security (GPRHCS), developed by UNFPA and partners, has helped the organisation work with national governments to carry out the complex work needed to achieve the reliable and consistent supply of sexual and reproductive health supplies. Reproductive Health Commodity Security is achieved when all individuals can obtain and use the affordable, quality reproductive health supplies¹¹ of their choice whenever they need them.

⁷ <http://www.un.org/sg/globalstrategy.shtml>.

⁸ See The G8 Muskoka Initiative (Annex I): Maternal, Newborn and Under-Five Child Health of the G8 Muskoka Declaration; Recovery and New Beginning, June 2010 at: <http://g8.gc.ca/g8-summit/summit-documents/g8-muskoka-declaration-recovery-and-new-beginnings/>.

⁹ African Union; Action on Maternal Health, Newborn and Child Health and Development in Africa by 2015, 15th Ordinary Session, Kampala, Uganda, 25 – 27 July 2010.

¹⁰ Millennium Development Goals Report, 2010.

¹¹ Reproductive health commodities, in this discussion, are made up of equipment, pharmaceuticals and supplies for: obstetric and maternal health care; the prevention, diagnosis and management of reproductive tract infections and sexually transmitted infections; and contraceptive supplies, including

UNFPA developed the Global Programme specifically to help countries assess and address their own needs regarding RHCS. Previous efforts were hampered by lack of funding and short-termism, responding to legitimate but ad-hoc requests for technical assistance and supplies. This approach failed to generate country-driven, sustainable approaches to ensuring consistent, reliable availability of supplies.

The Global Programme takes its guiding principles from the Paris Declaration on Aid Effectiveness (ownership; alignment; harmonisation; managing for results and mutual accountability). The programme provides limited multi-year technical and financial resources, designed to be a catalyst (tailored to each country's situation and possibilities) to help mainstream the security of reproductive health supplies into national health policy, programmes, plans and budgets. Therefore, the focus, scope, objectives and progress vary from country to country.

Since its inception in 2007, the Global Programme has expanded. It benefited 73 countries in 2009; up from 54 in 2008. The programme doubled spending on reproductive health supplies from USD 34 million in 2008 to USD 70 million in 2009. As a result, countries are beginning to move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies¹² and ensuring their use.

At country level, the Global Programme provides an additional, targeted measure that complements UNFPA's broader development mandate. Critically, it provides strong foundations for work promoting gender equality, women's empowerment and the rights and needs of youth.

The European Commission has been a long-term partner of UNFPA regarding RHCs. From May 2006 to December 2009, the European Development Fund (EDF) funded a Joint ACP/UNFPA/EU programme of support to the 17 ACP 'conflict and post-conflict' countries¹³ most in need of improving RHCS, providing reproductive health supplies to millions and helping to save countless lives.

2.2. Lessons learnt

In recent years, UNFPA's work to help countries improve RHCS — specifically, the Global Programme to enhance RHCS and the Joint ACP/UNFPA/EU programme — has served as a major catalyst to support concerted, multi-year action to implement country-defined, country-owned and country-driven RHCS strategies. This work, with sustained partnerships and strong government leadership, is helping to increase the contraceptive prevalence rate and to lower the rate of unmet needs within a short period.

At country level, the establishment and work of National RHCS Coordination Committees continues to play an important role in attaining key programme outputs,

male and female condoms.

¹² Reproductive health commodities, in this discussion, are made up of equipment, pharmaceuticals and supplies for: obstetric and maternal health care; the prevention, diagnosis and management of reproductive tract infections and sexually transmitted infections; and contraceptive supplies, including male and female condoms.

¹³ The beneficiary countries were: Angola, Burundi, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Haiti, Guinea-Bissau, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia and Sudan.

including RHCS situation analyses and National RHCS Strategic Plans. However, coordinating committees and implementing RHCS strategic plans requires further strengthening of capacity and support to build on achievements and secure their long-term viability.

Sustained advocacy initiatives in countries where GPRHCS is implemented have resulted in the creation of line items in national budgets for the procurement of reproductive health supplies (see footnote 9 above). This helps to make supplies available and to avoid shortages of life-saving maternal/reproductive health medicines and contraceptives. It is a powerful indicator of a country's commitment to RHCS.

Improving logistics management systems is also important to improve the provision of supplies to service delivery points and to make information easily available and accessible for decision-making. Despite some progress, national partners are still struggling to adapt and institutionalise Logistics Management Information Systems (LMIS) software. At national level, improving LMIS and improving national capacity is still needed to help those working at national level to forecast, procure and distribute the supplies required to meet users' needs.

Significant technical and financial resources are needed to build and strengthen the capacity of governments to play a leadership role in RHCS. This calls for all partners to go on working together to provide technical and financial inputs, especially in the weakest partner countries (including conflict and post-conflict countries).

Regional and sub-regional pools of experts in UNFPA geographic regions must be set up to boost capacity to respond to technical assistance needs as and when required. For example, in Africa, the pool of RHCS technical experts has provided much-needed support for programme implementation. This is an example of South-South cooperation.

The Joint European Commission/UNFPA evaluation of the ACP/UNFPA/EU RHCS programme (carried out in May-August 2009) recommended that the EU continue to provide support for RHCS as:

- 1) demand for RHCs 'will remain very high and indeed increase over time';
- 2) demand for RH services including family planning services will rise;
- 3) national spending on RH remains way below rising needs; and
- 4) national health systems remain very weak.

The evaluation also recommended that the EU contribute to the pooled funding mechanism of the Global Programme to enhance RHCS, which already receives very significant support from EU Member States, in particular the Netherlands and the United Kingdom. This optimises the use of EU funds, with no additional transaction costs.

The Global Programme underwent a mid-term evaluation at the end of 2011. The evaluation report is due in the second quarter of 2012.

2.3. Complementary actions

The Reproductive Health Supplies Coalition (RHSC) is a high-level global partnership of public, private, and non-governmental organisations of reproductive health supply donors and stakeholders dedicated to increasing resources, strengthening systems and ensuring that people in low-income and middle-income countries have access to and use affordable, high-quality supplies for better reproductive health.

The coalition brings together more than 100 member organisations (including multilateral and bilateral organisations, private foundations, governments, civil society, and private-sector representatives) with critical roles in providing reproductive health supplies. The European Commission and UNFPA have been active members of the coalition since it was set up in 2004 and UNFPA is member of the coalition's 13-seat executive committee.

UNFPA, the European Commission and a number of partners from the supplies coalition helped to develop a new innovative mechanism called AccessRH to expedite procurement and increase the availability of reproductive health supplies in developing countries. AccessRH is funded by the EU (DCI-SANTE/2009/200-336), the German Federal Ministry for Economic Cooperation and Development (BMZ), the United States Agency for International Development (USAID) and UNFPA.

AccessRH is an innovative procurement mechanism designed to:

- improve access to quality, affordable contraceptives with favourable delivery terms for a range of users;
- enhance supply chain visibility; and
- promote country ownership.

To ensure long-term sustainability, stability, and reliability of AccessRH, it is to be an integral part of UNFPA's procurement service, offered in addition to existing procurement services for contraceptive products and other reproductive health supplies.

UNFPA and the GPRHCS will also collaborate and seek synergy with the recent EC/UNFPA/UNAIDS programme 'Linking HIV and Sexual and Reproductive Health and Rights in Southern Africa' (DCI-SANTE/2010/248-682). The programme will enable Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe to strengthen health systems and improve access to and use of a broad range of quality services. This will help them to achieve the goals of universal access to reproductive health (MDGs 3, 4 and 5) and HIV prevention, treatment, care and support (MDG 6) by 2015, while linking up with the education, gender and legal sectors.

In terms of procurement, the GPRHCS and the Global Fund for AIDS, TB and Malaria (GFATM) both procure condoms. However, there is no formal coordination mechanism between the GPRHCS and the GFATM due to their direct work with beneficiary countries.

Under the GPRHCS, countries forecast needs for condoms (and a range of other Reproductive Health Commodities)), generally in collaboration with the UNFPA Country Office. Following a validation process, providing there are funds, the GPRHCS then carries out procurement. In many cases, the GPRHCS provides condoms, including needs for HIV prevention. The GFATM funding application process requires countries to state their needs for the following multi-year period, corresponding to the relevant funding cycle. Applicants can request support for the procurement of condoms, but there is evidence that countries underestimate the need for these in their Global Fund applications.

Synergies between GPRHCS and the Global Fund for AIDS, TB and Malaria (GFATM) (and GAVI for that matter) at country level in procurement of supplies are first and

foremost based on the application of aid effectiveness principles, including country ownership, leadership and decision-making, as well as strengthening national procurement systems.

Ministries of Health usually act on behalf of countries applying, and forecast their needs for supplies, with technical assistance if required and requested. The countries then decide on procurement, ensuring their decision complies with national procurement rules. For procurement of reproductive health supplies with support from GPRHCS, the logical choice is to procure through UNFPA and UNICEF, the usual suppliers for most developing countries because of their competitive prices and insights into stock availability.

On a practical level, there is complementarity between GPRHCS and GFATM on procurement of male and female condoms, which provide dual protection: prevention of pregnancy and prevention of HIV and other sexually-transmitted diseases. The need for condoms is increasingly based on national forecasts. But whereas GFATM-supported supplies are bound by approved application rounds, the more flexible nature of GPRHCS allows easier procurement of extra supplies when needed to prevent shortfalls.

2.4. Donor coordination

The Global Programme to enhance Reproductive Health Commodity Security has a donor coordination mechanism, which works with UNFPA to provide guidance and advice on the management and strategic direction of the programme. An annual GPRHCS donors' meeting takes place in the second quarter of the year, during which a draft of the previous year's progress report is discussed. Inputs are then provided and the Annual Progress Report is finalised.

At national level, UNFPA works with donors and other development partners to strengthen the overall system of aid coordination mechanisms and to help countries manage external assistance, for instance, by improving management and accountability of funds. Under the Global Programme, UNFPA works with donors and other development partners to ensure that family planning comes under a broader sexual and reproductive health package, so as to improve equitable access to family planning services.

In line with the country-level focus of the Global Programme, national governments and national stakeholders are at the centre of the decision-making process, defining and driving programme implementation. In each country, the activities funded contribute to achieving national priorities and the objectives of the ICPD Programme of Action. By strengthening health systems, the Global Programme provides a catalyst (tailored to each country's situation and possibilities) to mainstream Reproductive Health Commodity Security into national health policy, programmes, plans and budgets.

At regional level, UNFPA collaborates with organisations such as the African Union Commission, the Southern African Development Community (SADC), the Intergovernmental Authority on Development (IGAD) and the Economic Community of West African States (ECOWAS) to achieve regional and sub-regional health development goals, within the mandate of each organisation. At country level, UNFPA, as an agency and part of the UN Country Team, is highly active in working with

governments to enhance aid effectiveness and to help them achieve their development goals under the ICPDs and MDGs.

At global level, UNFPA has worked with key bilateral and technical agencies and non-governmental organisations (NGOs), including UN sister agencies such as WHO, UNICEF, UNHCR, WFP and the World Bank; donor partners such as Canada, Cyprus, Denmark, Estonia, Finland, France, Germany, Ireland, Luxembourg, Netherlands, Portugal, Spain, Spain (Catalonia), Sweden and United Kingdom and NGOs such as John Snow Inc. (JSI) and the International Planned Parenthood Federation (IPPF) to agree on financing mechanisms and principles of management for results through an agreed-upon reporting, monitoring and evaluation mechanism and results framework.

In addition, UNFPA, through the GPRHCS, plays a key role in the joint commitment to collaborate in improving maternal health, formalised in 2008 by UNFPA, WHO, UNICEF and the World Bank - known as the "H4". The four UN agencies have agreed to enhance their support to countries with the highest maternal mortality rates and to help them make progress towards achieving MDG 5. Lastly, as mentioned in section 2.3, UNFPA continues to play a lead role in the Reproductive Health Supplies Coalition.

3. DESCRIPTION

3.1. Objectives

The action contributes to the ongoing Global Programme for Reproductive Health Commodity Security. The overall objective of the GPRHCS is to boost availability of supplies and promote access to them for voluntary family planning, HIV/STI prevention and maternal health services.

The specific objectives of the action are to:

- Ensure the consistent availability of key reproductive health supplies¹⁴ required by each beneficiary country for voluntary family planning, HIV/STI prevention and maternal health services;
- Support governments and their partners in developing, coordinating and implementing country RHCS strategies and plans;
- Advocate for and mobilise political and financial support for RHCS;
- Strengthen capacity and systems for RHCS as part of overall and integrated health systems strengthening.

3.2. Expected results and main activities

While the specific focus and strategy are tailored to each country, the Global Programme is designed to yield the following results:

At national level:

- Reproductive health supply needs met consistently and reliably for all who need them;

¹⁴ In the context of support to countries that require assistance during humanitarian crises, the GPRHCS also funds the provision of medical supplies in accordance with the Inter-Agency Minimum Initial Service Package (MISP) which facilitates implementation of Emergency Obstetric Care (EmOC) and neonatal care services to reduce newborn and maternal mortality

- Strong inter-linkages between RHCS and national reproductive health and HIV/AIDS programmes and policies;
- Enhanced capacity of national stakeholders and improved systems;
- Mainstreaming of RHCS through gradual increases in government-controlled funding to finance capacity and system enhancement and planned provision of supplies;
- Increased national ownership and management of all aspects of RHCS.

At international level:

- Regular and dependable funding flows necessary to implement multi-year plans of action;
- More strategic international support for RHCS;
- Better collaboration among UN Agencies and better integration of RHCS in the context of joint country-level work;
- Stronger strategic partnerships among global development partners through work with the global Reproductive Health Supplies Coalition and development of stronger links with international funds such as the Global Fund for AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunisation (GAVI), as part of ensuring availability of the full range of essential drugs and supplies.

Expected outcome:

- Improved availability, access and utilisation of RHCS for voluntary family planning, HIV/STI prevention and maternal health services, contributing to sustained security of supplies at national level.

The main activities are not explicitly set out in advance, as the programme is country-driven and specific decisions are made at country level according to needs. Beneficiary countries have to demonstrate progress annually against indicators set under the Monitoring and Evaluation Framework.

Activities will indicatively fall into the following categories:¹⁵

- (1) develop, coordinate and implement country RHCS strategic plans by government with their partners;
- (2) enhance political and financial commitment for RHCS;
- (3) strengthen capacity and systems for RHCS;

¹⁵ For instance in 2009, the GPRHCS worked in Ethiopia under Ethiopia's successful Health Extension Worker Programme to jump start a major initiative to scale up the availability of Implanon (contraceptive inserted under skin). The programme funded 520 000 sets of Implanon and trained over 600 community health workers to provide Implanon service delivery and counselling. In Mongolia, Niger and Madagascar, demand generation was the priority activity in 2009. In these three countries, the Global Programme facilitated collaboration with local NGOs to launch behaviour change communication campaigns in the community. In Madagascar, the Global Programme collaborated with an NGO (Marie Stopes International) to conduct market research into contraceptive availability and use. The Programme also supported the development of a mobile movie-screening unit in Madagascar. The unit was developed to deliver advocacy films and family planning information to adolescents in rural communities. In Nicaragua, 512 doctors and nurses were trained on the use of female condoms and the insertion of intrauterine devices (IUD).

(4) mainstream RHCS into UNFPA core business (UN reform environment).

Three streams of funding:

The global Programme targets results by making three streams of funding available, for which developing countries are invited to apply.

Stream 1: Guaranteed finance for five years to support development and implementation of a national action plan for an integrated approach to RHCS.

Stream 2: Guaranteed financing for one, two or three years to support implementation of a transitional national action plan to scale up the national response to specific RHCS-related issues. Regional initiatives covering more than one country can apply for Stream 2 finance. Some countries may apply for Stream 2 funds to prepare themselves for a more integrated approach to RHCS, to be financed later under Stream 1.

Stream 3: An emergency fund to provide RH supplies to prevent shortages. Countries receiving Stream 3 funds are encouraged to take complementary action to build and demonstrate national commitment to progress that might lead to funding under the other streams later.

3.3. Risks and assumptions

The assumptions for implementing the action are as follows:

- Governments remain committed to implementing RHCS action plans and provide increasing resources in national budgets dedicated to achieving RHCS;
- The socio-economic, political and cultural climate in the country does not impede implementation of RHCS interventions;
- Donors and partners remain willing to provide RHCS-related funding/support to facilitate the continued development of an enabling environment and to strengthen country capacity to achieve RHCS;
- RHCS coordination committees are committed to working to achieve reliable supplies in their respective countries;
- Supply chain bottlenecks are resolved and supplies are made available at service delivery points;
- Skilled motivated human resources are available day-to-day to address RHCS issues in government agencies;
- Good coordination and cooperation among UN agencies, including a clear understanding that RHCS is relevant to the work of all agencies.

3.4. Cross-cutting issues

The programme will emphasise the rights of individual women and men, as underpinned by the ICPD Programme of Action, which guides UNFPA's work. The programme will therefore provide support for more equitable access to reproductive health services, including family planning services, condoms for HIV prevention, emergency obstetric equipment and other essential RH supplies.

It aims to cater for all categories of people, regardless of socioeconomic status, gender, ethnicity, disability or age, to fulfil their fundamental human right to attain the highest possible standard of health. The programme will be closely linked to global, regional and national action to integrate and scale up SRH and HIV interventions.

Due consideration will be given to addressing the special needs of women to have access to reproductive health and family planning services and to enable them to space or prevent pregnancies and enjoy better reproductive health. The programme will strive to ensure that supplies, services and information are available and accessible to meet the needs of young people, boys and girls.

3.5. Stakeholders

UNFPA will work with regional and national organisations to promote understanding of RHCS and facilitate its mainstreaming into national (and, where appropriate, regional) health policies, programmes, budgets and plans. At country level, UNFPA will seek to work strategically with the EU Delegation and other donors and partners in the country on coordination, harmonisation and alignment structures. This will include work to raise awareness and understanding of RHCS and to ensure it is adequately prioritised in national health policies, programmes and budgets.

Government agencies will be supported in their key leadership roles to ensure that work is geared towards sustainable systems and favourable outcomes. The work of all stakeholders will be coordinated to ensure that interventions achieve maximum results and impact.

At global level, the EU and EU Member States contributing to the Global Programme will be important stakeholders working jointly with UNFPA to raise knowledge and awareness of security of supplies as a cornerstone of work on Sexual and Reproductive Health. This is crucial for progress towards achieving MDG 5.

UNFPA will facilitate implementation of the Global Programme by promoting better integration of RHCS and related issues in the context of joint actions among UN agencies. Special steps will be taken to cultivate strong strategic partnerships, focusing on the different comparative advantages of the various global bodies, such as the partnership under the Reproductive Health Supplies Coalition.

EU Delegations will be closely associated with policy dialogues on the issues led by UNFPA. They will also be kept informed of the activities undertaken at country level.

Other development partners, including UN agencies such as UNICEF, WHO and the World Bank, will be key stakeholders, especially in developing and implementing harmonised strategies to support national reproductive health priorities. Other stakeholders will include NGOs, civil society organisations, the private sector, technical institutions and research agencies.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The project is implemented in joint management with the United Nations Population Fund, through a standard contribution agreement. The present action concerns an amendment to the ongoing contribution agreement.

4.2. Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and documents published by the international organisation concerned.

4.3. Budget and calendar

The indicative duration of the EU contribution agreement, including the present amendment, is 24 months; the end date of activities is 31 December 2013.

The contributions will be used for supplies and related activities to be budgeted for 2012 and 2013.

The indicative budget breakdown detailed below comprises direct support to implement the Global Programme to enhance RHCS (including purchase of RH supplies such as contraceptives, essential life-saving medicines and maternal and reproductive health supplies; costs to cover capacity building for RHCS), overheads and a contingency fund for 2011-2013.

DESCRIPTION	AMOUNT IN EUROS (€)
Direct support to implement UNFPA's Global Programme to enhance RHCS	139 500 000
Overheads	10 500 000
TOTAL	150 000 000

Direct support to implement the Global Programme will be indicatively distributed between the programme components as follows:

Stream	Capacity and systems enhancement	RH commodities	Total
1	40-60 %	40-60 %	100 %
2	40-60 %	40-60 %	100 %
3	0 %	100 %	100 %

The estimated funding need between countries and components is:

Stream	Description	Estimated costs	Share of total funds
1	High-emphasis countries	75 000 000	50 %
2	Other countries	25 000 000	17 %
3	Urgent RH commodity shortfalls	50 000 000	33 %
	Total	150 000 000	100 %

The maximum additional EU contribution covered by the current amendment will be EUR 8 300 000.

Total contribution including amendment sums: EUR 32 658 000.

4.4. Performance monitoring

UNFPA regularly monitors implementation of the Global Programme. Under the conditions set out in UNFPA's Thematic Trust Fund guidelines, UNFPA produces an annual narrative and financial progress report, focusing on the countries' achievements and indicators. The annual report includes a review of the previous year's achievements and expenses, and provides an overview of the work plan and indicative budget for the following year.

On-going performance monitoring follows UNFPA procedures (in compliance with the FAFA). Monitoring of the Global Programme is based on the programme's Global Performance Monitoring Framework. Evaluations are carried out periodically. They are scheduled and agreed upon during the annual GPRHCS donors' meetings.

The Global Programme's Global Performance Monitoring Framework, updated as part of the annual progress report, details the comprehensive monitoring and reporting plan with baseline and target value indicators, complete with updated data to monitor results and outputs. The Global Performance Monitoring Framework also includes provisions for taking corrective action where evidence indicates that objectives are not being achieved.

4.5. Evaluation and audit

An independent external evaluation, looking into the pertinence of the initiative and lessons learned, as well as making recommendations for the future of the programme, was conducted at the end of 2011. The report is due in the second quarter of 2012.

The action may be examined by the Commission's Results Oriented Monitoring programme during implementation or after completion.

4.6. Communication and visibility

There will be adequate visibility for the EU contribution as part of the visibility and communication strategy designed for the overall initiative, in line with the *Communication and Visibility Manual for EU External Actions*¹⁶ and the *UN-European Commission Joint Action Plan on Visibility*.¹⁷

All communication and visibility work will be carried out in collaboration with the European Commission. The European Commission, through the EU Delegations at country level, will be kept involved, especially in important policy events.

¹⁶ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

¹⁷ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

The European Commission and EU Delegations will be kept informed of developments and activities.

ANNEX IV
THEMATIC PROGRAMME ‘INVESTING IN PEOPLE’
THEME 4.1: OTHER ASPECTS OF HUMAN AND SOCIAL DEVELOPMENT
EMPLOYMENT, SOCIAL COHESION AND DECENT WORK

1. IDENTIFICATION

Title/Number	EU Expert Facility on Social Protection DCI-HUM/2012/023-637		
Total cost	EUR 4 000 000		
Aid method / Method of implementation	Project approach – Direct Centralised Management		
DAC-code	16010	Sector	Social/welfare services

2. RATIONALE

2.1. Sector context

Social protection lies at the heart of the European social model – a society which aims to combine economic growth with high living standards and good working conditions. The 1958 Treaty of Rome identified social protection as one of the social objectives of the European Economic Community, together with the promotion of employment, improved living and working conditions, and the development of human resources with a view to lasting high employment and the combating of exclusion. Rights to social protection are enshrined in the Charter of Fundamental Rights and the EU supports the reform process towards better social adequacy and financial sustainability through an Open Method of Coordination aimed at spreading best practices and achieving greater convergence along the path towards the main EU goals.

Social protection can be broadly defined as referring to policies and actions aimed at reducing people’s exposure to risk and enhancing their capacity to protect themselves against both catastrophic events and loss of livelihood or income. This definition of social protection includes a broad range of actions, such as cash transfers (conditional and unconditional), employment guarantee schemes, health insurance, pensions and protection against unemployment. Social protection contributes to inclusive growth by helping poor people accumulate assets, manage risk and participate in the economy. It is a vital means of ensuring that people do not fall into poverty through exposure to catastrophic shocks. Social protection is also defined as a human right, enshrined in the 1948 Universal Declaration of Human Rights, and is one of the four pillars of the Decent Work Agenda.

Adequate social protection systems are seldom in place for the majority of the world’s people. According to a recent report entitled ‘Social Protection Floor for a fair and inclusive globalisation’, produced by the International Labour Organisation (ILO)

Advisory Group,¹ only 25 % of the world's population have adequate social protection coverage, while over half have none at all; according to the World Health Organisation (WHO), healthcare costs have pushed a hundred million people below the poverty line; and according to the Food and Agriculture Organisation (FAO) almost a billion people suffer from chronic hunger.

In recent years concern has grown at the apparent failure of high levels of growth to deliver a commensurate reduction in poverty. Despite the vast social benefits delivered, as reflected in reduced child mortality, increased longevity, increased access to clean water, and education, economic growth alone is not enough to eradicate poverty. At the same time, the 'changing patterns of growth have changed the nature of poverty'.² Persistently high levels of inequality in middle-income countries mean that there are now more poor people in middle-income countries than in low-income countries.³ Poverty is increasingly an issue of income and wealth inequalities, rather than average income levels.

The current global economic and financial crisis has brought a new urgency to the issue of protecting people against catastrophic shocks.⁴ Established social protection systems provide safety nets when crisis strikes but where they are absent the impacts of economic downturn and disruption have tended to be more serious. Even within a context of contracting fiscal space and demographic change, it has been argued that social protection schemes not only provide counter-cyclical stabilisers/buffers to shocks and enhance the well-being of the poor, but also contribute to sustainable economic growth.

As a result of this, there is an increasing demand for support and/or exchanges on social protection from the EU's partner countries. For example, at its summit in October 2010, the ASEM (Asia-Europe Meeting) leaders asked for '*further sharing of experiences and for technical assistance in implementing social welfare policies*'.⁵ In order to better respond to these requests, the European Commission is currently drafting a Communication on Social Protection in EU Development Cooperation.

The EU supports the development of nationally owned social protection floors as promoted by the UN-wide 'Social Protection Floor' initiative. This initiative, which is led jointly by ILO and WHO, has received widespread support, including by the International Labour Conference at its 100th Session in June 2011 and the G20 meeting in Cannes in November 2011.

Part of the EU's comparative advantage in this field lies in the fact that the social protection systems of the Member States provide a wide range of models and organisational structures. These are continuously adapting to important phenomena affecting the global economy, such as demographic change and the increasing burden of chronic disease, migration and urbanisation, etc. In addition, EU Member States offer varied experiences of transforming social security systems founded on planned economies into those adapted to market economies, which are directly relevant to the transformational processes that are taking place in some partner countries.

¹ ILO (2011) http://www.ilo.org/public/libdoc/jobcrisis/download/g20_2011/bachelet-report.pdf

² Mikaela Gavass et al., 2010, 'The EU's multi-annual framework post 2013: options for EU development.'

³ The European Report on Development 'Towards a global framework for development beyond 2015'.

⁴ ILO estimates.

⁵ ASEM2010,p.6 (http://www.asem8.be/sites/default/files/ASEM%208%20Chair%27s%20Statement_0.pdf).

2.2. Lessons learnt

The EU promotes social protection as a key driver of inclusive growth in international fora, such as the UN and the G20, and has integrated social protection into its cooperation strategies with an increasing number of partner countries. Dialogue on social protection has been included in the South Africa-EU Strategic Partnership Action Plan (2007), the second EU-India Action Plan (2008), the Brazil-EU Strategic Partnership Joint Action Plan (2008), the Joint Africa-EU Strategy – in particular the *Partnership on Migration, Mobility and Employment*; the China-EU High-level roundtable on social security and the EuroSocial II Programme on social cohesion in Latin America.

A significant number of projects in the area of social protection are currently funded by geographic instruments or by the thematic programme ‘Investing in People’. However, in the present EU architecture of cooperation with third countries there is a clear gap when it comes to short-term measures. The present action fills this gap by proposing the creation of an expert facility on social protection to facilitate the implementation of quick-reaction and short-term technical assistance measures in support of the efforts of partner countries to better address challenges in developing social protection policies and programmes or broadening and reforming already existing systems. The expert facility is designed to enable the wealth of European knowledge and experience to be easily accessed by partner governments.

The facility ought to be a ‘light’ instrument that will not overburden the partner countries in terms of administrative capacity and that will reinforce their management capacities within their overall national framework.

In line with the Paris Declaration, the Accra Agenda for Action, and the Busan Partnership for Effective Development Cooperation, the expert facility will be a demand-driven initiative, guided by the principles of ownership of partner countries, responding to well-identified needs and promoting capacity building and local expertise.

2.3. Complementary actions

This initiative will have a global/multi-regional scope, complementing the efforts made through other EU initiatives. All third countries eligible for the thematic programme may potentially benefit from the facility. For the sake of good coordination with similar instruments, in particular TAIEX, requests coming from countries that are eligible for TAIEX will first be referred to it before being considered for the expert facility.

2.4. Donor coordination

Donor coordination will take place at several levels: i) It is expected that the management of the project will be contracted to a consortium of Member States, which will ensure close coordination with their own operations; ii) the European Commission and the project management team will make sure that the facility is included in existing donor coordination channels; iii) donor coordination will be integrated into the project’s communication strategy (other donors will be aware of the existence of the facility and the possible synergies that could be achieved with their planned or ongoing operations); and iv) the relevance and potential complementarities with other donors’ operations will be analysed as part of the individual assessment of each request from a partner country.

3. DESCRIPTION

3.1. Objectives

The overall objective of this action is to contribute to the development and expansion of inclusive social protection systems in partner countries.

The specific objective is to enhance the capacities of partner countries to better design, manage and monitor inclusive, efficient and sustainable social protection systems through peer-to-peer short-term technical assistance.

3.2. Expected results and main activities

This action is expected to achieve the following results:

- Improved capacity of relevant partner government agencies to i) better design inclusive, effective and sustainable social protection systems; or ii) reform already existing policies or programmes; and iii) extend social protection coverage to poor and vulnerable populations previously excluded from existing social protection systems.
- Trust and confidence established in beneficiary countries with regard to cooperating in the field of social protection with EU Institutions and Member States (also for the benefit of larger-scale and longer-term programmes).

The outputs are expected to be:

- Access to practitioners, primarily from the public administrations of Member States and mandated bodies involved in social protection, but also from emerging and developing countries and relevant international organisations, together with a mechanism to manage the experts with a view to effectively supporting the implementation of individual interventions as well as ensuring backstopping, monitoring and reporting on the activities carried out.
- Specific interventions support delivery of results on specific issues in the design or reform of inclusive social protection systems.
- Outcomes and other relevant information items are properly disseminated.

Given the demand-driven nature of the programme, only generic activities, which the project aims to implement, can be indicated:

The bulk of the work of the project consists in providing short-term capacity building to public authorities of third countries in response to requests from them. A typical action will be composed of one-off and/or structural capacity-building activities which will take place in the third country requesting the assistance, except in the case of study visits or advice on legislation.

- Structural activities aim at addressing structural/institutional shortcomings in the beneficiary institutions and at advancing organisational efficiency and effectiveness. Such activities may include technical assistance to support the drafting of legislation, the development of national strategies and action plans, structural analyses, costing and monitoring tools, etc.
- Specific (one-off) activities, in the form of workshops, training courses or study visits, are aimed at ad-hoc transfers of know-how and expertise to strengthen existing

capacities. These activities may serve as the point of departure for subsequent structural activities.

Mixed forms of actions may also be considered, depending on the circumstances.

Methodology:

The contractor will set up a mechanism for accessing social protection experts/practitioners drawn primarily from the public administrations of EU Member States (e.g. relevant line ministries, regional authorities, mandated bodies, etc.). These experts will cover every thematic area relevant to this action. In order to facilitate south-south and triangular cooperation, the facility will include experts from other developing countries and may include experts from relevant international organisations.

A project management team will be set up in order to support each action with regard to administrative, organisational, backstopping and content issues, ensuring adequate expertise is provided, material produced is properly designed and analysis is captured in a way which is useful for the beneficiaries.

Information on the programme will be proactively disseminated by the EU Delegations and Headquarters and the project management team. This can be done either directly to third country administrations or through embassies, missions to target regions, conferences, etc. The necessary information material (flyers, newsletters, etc.) will be drawn up.

The project management team will receive, analyse and pre-select the requests from partner countries according to criteria established with the Steering Committee. The management team will formulate the terms of reference of the experts on the basis of these requests, and will mobilise the relevant expertise.

Internal evaluation and dissemination of results play a crucial role in the overall management of the project. It will be the responsibility of the project management team to make the produced results available to the European Commission as well as to other stakeholders if there is no risk of confidentiality being breached. This is to be done through reporting, debriefing, targeted feedback sessions, email feedback, etc.

A Steering Committee composed of representatives of the European Commission services concerned, the EEAS and EU Member States will define the selection criteria, on the basis of which the Commission will select the mission requests, and will oversee the functioning of the facility.

3.3. Risks and assumptions

The main identified risks relate to the readiness of both the partner countries and the EU Member States to engage operationally in cooperation in the field of social protection.

- Willingness of partner countries and/or regions to engage in, and pursue, cooperation on social protection issues.
- Willingness of EU Member States to make available qualified experts for short-term missions.

➤ Political stability in the countries concerned.

The first two risks can be effectively mitigated through a stable information flow between all actors and the involvement of all stakeholders. A proactive communication strategy, especially towards EU Member States and potential beneficiaries, with regard to the functioning of the project and the services it will provide, will further enhance the impact of the present action. Implementation will be fed by evaluation and feedback, which will ensure that risks can be mitigated in a timely manner.

The last of the identified risks is outside the control of the project, but must be taken into account with regard to ensuring the safety of project staff and experts.

3.4. Cross-cutting issues

The facility aims to contribute to extending social protection to poor and vulnerable populations through supporting capacity-building of relevant agencies in partner countries. The following cross-cutting issues are particularly relevant to this and will be taken into account in the design of the specific activities: gender equality, children's rights, disability, good governance and democracy.

3.5. Stakeholders

This action focuses on cooperation between public authorities, which pre-defines the main target groups in the beneficiary countries to be the authorities with responsibilities in the field of social protection. The final beneficiaries will be poor or vulnerable people benefiting from improved social security and protection against life-cycle risks.

Given the global nature of the action, a degree of flexibility will be maintained. The identification of stakeholders will be further fine-tuned through assessment of each individual request.

EU Member States play an essential role in the provision of expertise for the activities that will take place under this action.

Although the main objective of the action is to support peer-to-peer exchange of expertise between staff from public authorities, cooperation with civil society organisations or experts from civil society might be sought when appropriate.

In order to ensure coherence with other EU-financed actions and to supervise the action, the Commission services concerned and especially EU Delegations will be involved. Delegations will play a key role in disseminating information about the facility. They will also be informed of any request for support concerning their country and may react as appropriate.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

Direct centralised management.

4.2. Procurement and grant award procedures

Given the specific nature of the action, a negotiated procedure will be used to award a service contract directly to a consortium of Member State entities, in full compliance with Article 167 of the Financial Regulation and Article 242.1 b) of its Implementing Rules, which allow such a procedure where the services are entrusted to public-sector bodies or to non-profit institutions or associations and relate to activities of an institutional nature or are designed to provide assistance to people in the social field. This consortium could be composed of relevant entities from public administration of EU Member States e.g. relevant line ministries, regional authorities, mandated bodies or development agencies from Member States.

Other contracts, such as for audit and evaluation purposes, will be awarded and implemented in accordance with the procedures and standard documents laid down and published by the Commission for the implementation of external operations, in force at the time of the launch of the procedure in question.

4.3. Budget and calendar

This action will be financed from Article 21.0501 of the budget: Human and social development, item 21.050103 (Other aspects of human and social development). The budget is EUR 4 000 000 from 2012 appropriations.

The indicative operational duration of the action is 48 months.

Indicative breakdown of overall amount by main components (EUR)

Services	3 900 000
Audit and evaluations	100 000
Total	4 000 000

4.4. Performance monitoring

Performance monitoring will be ensured through strict reporting requirements, regular debriefings and the full involvement of the Steering Committee in the planning process. Performance in terms of implementation of the action will be measured mainly on the basis of the following indicators, which will be further specified and detailed in the logical framework:

- Number of short-term capacity-building activities carried out.
- Appreciation by those involved on EU Member State and beneficiary country side of activities.
- Ratio of requests for short-term assistance in relation to how many activities can be offered.
- Quality of dialogue during the activities.
- Number of larger-scale assistance measures originating in the short-term measures.

- Evaluations of activities are continuously carried out and fed into a feedback mechanism.
- European Commission uses lessons for future programmes.

4.5. Evaluation and audit

As mentioned above, internal evaluation and dissemination of results play a crucial role in the overall management of the project. It is proposed to conduct an interim and a final evaluation, the results of which are to be taken into account in the implementation of the action, and in future programming and implementation in relation to social protection.

The accounts and operations of all parties involved in implementing this project may be checked at the European Commission's discretion by the Commission itself or by an external auditor contracted by the Commission.

4.6. Communication and visibility

Proper communication and visibility of the action will be ensured by the contractor via dissemination of project achievements and results in line with the *Communication and Visibility Manual for European Union External Actions*.⁶

The individual activities which can be expected to form part of the action will provide ample opportunity for displaying EU leadership in support of the extension of social protection. A proactive communication strategy directed towards all stakeholders, specifically EU Member States and potential beneficiary countries, will strengthen this effect.

⁶ http://ec.europa.eu/europeaid/work/visibility/index_en.htm

ANNEX V

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 4.2: *OTHER ASPECTS OF HUMAN AND SOCIAL DEVELOPMENT*

PROTECTION OF CHILDREN AND YOUTH AND PROMOTION OF THEIR PARTICIPATION IN DEVELOPMENT

CALL FOR PROPOSALS

1. IDENTIFICATION

Title/Number	Actions for child protection — Violence against children DCI-HUM/2012/023-734		
Total cost	EUR 41 000 000		
Method/Management mode	Project approach — Call for proposals — <i>Centralised</i>		
DAC code	15160	Sector	Human Rights

2. RATIONALE

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development in partner countries in accordance with the United Nations Millennium Declaration and the Millennium Development Goals. It is based on Article 12 of the Development Cooperation Instrument (DCI),¹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.² A component of the fourth theme of the programme — ‘Other aspects of human and social development’ — is dedicated to children’s rights and more specifically to supporting the identification, sharing and dissemination of best practices. It is necessary to promote prevention of violence against children³ and take effective action to bring child victims of trafficking, violence, armed conflict and child labour into full-time education or vocational training and re-integrate them into society.

The *Mid-Term Review of the Strategy Paper*⁴ identified the area of violence against children as a key priority for the programming period 2011-2013, as the other priority areas had been addressed by the programme during the period 2007-2010.

The importance of children and their full development within society, and the special attention required to ensure that their rights and needs are fulfilled, call for further international support. Children and adolescents comprise one third of the world’s population and constitute more than half of the population in most developing countries. According to the 2011 global report ‘Five Years On’⁵, ‘*Violence continues against children in all settings; some forms of violence in some settings may even be on the increase. The sad reality in 2011 is that children continue to be humiliated, beaten, burned, and sexually abused by the adults in their lives, their parents, teachers, caregivers and employers. Children continue to be traumatised by community violence,*

¹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L378 of 27.12.2006, p. 41).

² http://ec.europa.eu/development/policies/9interventionareas/humandev_en.cfm.

³ Violence as defined in Article 19 of the Convention on the Rights of the Child (CRC).

⁴ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

⁵ Available at: <http://www.crin.org>

trafficking, exposure to domestic violence, and direct physical, verbal, and sexual assault. Areas of progress are too few’.

The Commission Communication entitled ‘A Special Place for Children in EU External Action’ and the European Union’s Action Plan on Children’s Rights in External Action⁶ support the development of an integrated approach towards children’s rights at the international level. This fosters coordination in the use of EU instruments in external actions to ensure that children’s well-being and welfare are taken into account in all the EU’s dealings with other countries, including through development cooperation and trade negotiations.

The Action Plan sets out as one of the priority areas the fight against ‘all forms of violence against children’ requiring action at regional and global level. The EU Guidelines on the Rights of the Child⁷ direct the EU efforts towards: (i) specific issues involving violence against children, children affected by armed conflicts, child trafficking, etc., (ii) children’s rights and needs through specific themes like education and health, as well as (iii) increasing mainstreaming of children’s rights as one of the cross-cutting issues to consider in all programmes and projects funded by the European Commission.

The ‘Council Conclusions on the promotion and protection of the rights of the child in the European Union’s external action — the development and humanitarian dimensions’ (May 26-27, 2008)⁸ outline a comprehensive approach to children in development and identify protection from violence and exploitation and abuse as a priority amongst others.

Furthermore, the June 2010 Council Conclusions on child labour reaffirm its commitment to protect and promote the rights of the child including the right of children to enjoy education and to live a life free from child labour.

Finally, the Revised Implementation Strategy of the EU Guidelines on Children and Armed Conflict⁹ expands the triggers for implementation of the existing monitoring and reporting mechanism on grave violations committed against children caught up in conflicts, to include: patterns of killing or maiming, and rape or other sexual violence against children in conflict situations.

3. DESCRIPTION OF THE CALL FOR PROPOSAL(S)

3.1. Basic act and financing source

Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation, Article 12(2) (d) (iii).

This action will be financed from Article 21 05 01 of the Budget — Human and social development, item 21 05 01 03 (Other aspects of human and social development)

⁶ COM(2008) 55 final and SEC(2008) 136, available at:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52008SC0136:EN:NOT>

⁷ EU Guidelines for the Promotion and Protection of the Rights of the Child, 10 December 2007,

<http://www.consilium.europa.eu/uedocs/cmsUpload/16031.07.pdf>

⁸ Available at:

http://www.eu2008.si/en/News_and_Documents/Council_Conclusions/May/0526_GAERC-pravice_otrok.pdf

⁹ http://www.eeas.europa.eu/human_rights/child/ac/2010_hr_child_ac_strategy_en.pdf.

3.2. Objectives of the programme, fields of intervention/priorities for the year and expected results

Overall objective

To contribute to the eradication of all sorts of violence against children.

Specific objectives

To promote structured measures at local, national and — when relevant — regional level aiming at preventing and responding to all forms of violence against children.

This will include all forms of physical or mental violence, injury and abuse, neglect, maltreatment or exploitation, including sexual exploitation and abuse perpetrated in those settings in which children should be taken care of the most: the house and family, the school and other educative settings; care institutions; detention centres; and the community at large.

The above-mentioned structured measures will include:

1. Policy dialogue and advocacy activities with national and regional authorities for prevention and eradication of violence against children
2. Advocacy and awareness-raising initiatives at local and national level
3. Field activities and interventions, involving a variety of stakeholders, and aiming at:
 - detecting, preventing and/or responding to any form of violence against children;
 - rehabilitating child victims of any form of violence.

Priority will be given to actions that:

- clearly identify and focus on the most vulnerable children (e.g. those living in the most deprived and at risk communities);
- clearly identify gender specificities in the problem and in the methodology they propose to tackle it;
- propose a coherent and integrated approach to address one or more of the indicative themes listed below at local, national or — when relevant — regional level and with the involvement of relevant authorities;
- involve a partnership of at least three partners (including the applicant), covering at least the target partner country(ies) where the action is to take place.
- In addition priority will be given to projects submitted by applicants from beneficiaries' partner countries so as to promote ownership and strong local leadership.

Proposals are expected to relate to at least one of the following indicative themes:

1. Addressing violence against children in the following settings:

a) At home and in the family

Activities under this priority may include:

- Actions to implement culturally appropriate and gender-sensitive parenting programmes helping families to provide a violence-free environment;
- Actions to detect, prevent and address domestic and intra-familial violence against children;
- Actions to help detect, prevent, challenge and respond to harmful traditional practices affecting the intellectual and physical development of children, such as early marriage, honour killings, genital mutilation, victimisation through witchcraft, etc.;
- Actions to prevent children from becoming active in hazardous income-generating activities, while promoting actions that will especially provide methods to give children formal or informal education and life skills;
- Actions for children's empowerment, including surveys and strategic responses on ways to prevent and address violence against them.

b) In school and other educational settings, care institutions and detention centres

Activities under this priority may include:

- Actions to detect, prevent and address violence against children inside these institutions. Special attention will be given to the most vulnerable children, such as orphans, sick children, children with disabilities, refugee and other displaced children, indigenous children, children from minority groups, children without parental care, children affected by HIV/AIDS, street children, etc.;
- Actions for children's empowerment, including surveys and strategic responses on ways to prevent and address violence against them;
- Training and education programmes for professionals and non-professionals who work with or for children (teachers, coaches, policemen, etc.), with formulation and implementation of codes of conduct, ethics and standards of practices, incorporating children's rights.

c) In the community

Activities under this priority may include:

- Actions to help detect, prevent and mend harmful traditional practices that might affect the intellectual and physical development of children, such as early marriage, honour killings, female genital mutilation/cutting, victimisation through witchcraft, etc.;
- Actions to detect, prevent and address exploitation, forced labour, servitude and slavery, including practices affecting indigenous, stateless and other displaced

children obliged to emigrate and to do domestic work, to beg or to be involved in other degrading or hazardous activities;

- Actions to detect, prevent and penalise trafficking of children for sexual or other hazardous activities and abuse, as well as psychological and other support services for children who are victims of trafficking;
- Actions to detect and prevent recruitment of children in armed groups, their involvement in conflicts, in gangs and organised crime;
- Actions to re-integrate children involved in or affected by trafficking, conflicts, gangs or organised crime groups into society, with their families and their communities;
- Actions for children's empowerment, including surveys and strategic responses on ways to prevent and address violence against them.

For all the three above-mentioned themes, actions developed and implemented with the sustainable participation and involvement of children and their local, regional and national formal representative fora and constituencies will provide added value.

Actions should inter alia target non-State actors as defined by Article 24(2) of the DCI Regulation¹⁰ that are involved in combating violence against children, relevant government policy-making institutions and agencies and local authorities.

2. Supporting the development of a national protection system to prevent violence against children

Activities under this priority may include:

- Coordinating dialogue with governments, lobbying, advocacy and awareness-raising activities to promote the ratification of international conventions and/or support the development of comprehensive national legislative strategies, policies or plans of action to prevent and eradicate all forms of violence against children;
- Actions to support the adoption of national measures to **fight impunity**, including through the investigation and prosecution of violence against children and the imposition of appropriate penalties;
- Actions to support the establishment of safe, well-publicised, confidential and accessible national mechanisms to enable **reporting** of violence against children and the filing of complaints. The reinforcement of the role of an Ombudsperson for Children's Rights or similar bodies can be included;
- Actions to coordinate the promotion of the rights of the child and their development in national policies; to avoid discrimination and exclusion, eliminating gender stereotypes, while promoting education, vocational training and culturally appropriate life-skills learning;

¹⁰ See footnote 1.

- Activities to promote non-violent values and **awareness-raising** activities to overcome the invisibility and social acceptance of violence against children, support for the abandonment of harmful practices and promotion of positive forms of discipline and child development approaches;
- Actions to support and stimulate the creation of national relevant **disaggregated child-related data collection**; to collect and analyse information and assess progress made in the field of elimination of all forms of violence against children.

Children or their representative fora should be involved.

3.3. Eligibility conditions

Actions must take place in one or more beneficiary countries eligible under the DCI.

Applicants and partners must comply with the nationality requirements stated in Article 31 of the DCI Regulation.

Eligibility will be defined in the Call Guidelines, on the basis of Article 24 of the DCI and of the above objectives.

3.4. Essential selection and award criteria

The essential selection and award criteria for the award of grants are laid down in the Practical Guide to Contract Procedures for EC external actions.

The maximum rate of co-financing for grants is 80%. Lower rates of co-financing may be proposed. Full financing may be given only in the cases provided for in Article 253 of the Implementing Rules of the Financial Regulation, where financing in full is essential to carry out the action in question.

3.5. Schedule of call for proposals

The call for proposals is expected to be published in the second half of 2012.

3.6. Indicative amount of call for proposals

The amount allocated to this call for proposals is EUR 41 000 000.

4. SUPPORT MEASURES

The selected projects will include a clear visibility and communication plan in accordance with the *Communication and Visibility Manual for EU External Actions*.¹¹

Each project must provide for monitoring and evaluation activities. EU Delegations will be involved as much as possible in the monitoring process.

¹¹

http://www.cc.cec/dgintranet/europeaid/info_com/visibility_issues/documents/communication_and_visibility_manual_en.pdf.

In addition, projects may be subject to audits and monitoring visits under the Commission's annual results-oriented monitoring and audit plans.

ANNEX VI

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 4.2: *OTHER ASPECTS OF HUMAN AND SOCIAL DEVELOPMENT*

PROTECTION OF CHILDREN AND YOUTH AND PROMOTION OF THEIR PARTICIPATION IN DEVELOPMENT

1. IDENTIFICATION

Title/Number	Breaking with Broken Systems through a Partnership for the Legal Identity of African, Asian and Pacific Islands Children DCI/HUM/2012/286011		
Total cost	Estimated total cost: EUR 6 000 000 EU contribution: EUR 5 400 000 Co-financing UNICEF: EUR 600 000		
Aid method / Method of implementation	Project approach <i>Joint management with the United Nations Children's Fund (UNICEF)</i>		
DAC-code	15160	Sector	Human Rights

2. RATIONALE

2.1. Sector context

The thematic programme 'Investing in People' pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development in partner countries in accordance with the United Nations Millennium Declaration and the Millennium Development Goals. It is based on Article 12 of the Development Cooperation Instrument (DCI),¹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.² A component of the fourth theme of the programme – 'Other aspects of human and social development' – is dedicated to children's rights and more specifically to supporting the identification, sharing and dissemination of best practices.

The Commission Communication on 'A Special Place for Children in EU External Action' and the European Union's Action Plan on Children's Rights in External Action³ support the development of an integrated approach to advance children's rights at international level. It fosters coordination in the use of EU instruments in external actions to ensure that children's well-being and welfare are taken into account in all the EU's dealings with other countries, including through development cooperation and trade negotiations.

¹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L378 of 27.12.2006, p. 41).

² http://ec.europa.eu/development/policies/9interventionareas/humandev_en.cfm .

³ COM(2008) 55 final and SEC(2008) 136, available at:
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52008SC0136:EN:NOT> .

The ‘Council Conclusions on the promotion and protection of the rights of the child in the European Union’s external action — the development and humanitarian dimensions’⁴ call for EU development efforts to be directed towards further strengthening partner countries’ own systems and capacities for delivering basic child services without discrimination, including universal birth registration.

The Mid-term Review of the Strategy Paper for the Thematic Programme (2007 – 2013) confirmed the need to address **birth registration** as a priority area.

The lack of birth registration critically undermines the efforts of national systems and other stakeholders to prevent, track and counter violation of children’s rights; at the same time it prevents children as right holders from accessing relevant services and programmes. Improving birth registration is also seen as an essential for national authorities and/or NGOs when trying to trace the families of separated children.

Registration of birth, sometimes known as the ‘first right’ of a child, is a passport to security, access to education, good health, advancement and mobility for children. It is the foundation of any effort to invest in people, which typically could not start at a more appropriate stage than when a person is born.

The objective of the thematic intervention in these key areas is generally to **contribute to the implementation of the Convention on the Rights of the Child (CRC)** and more specifically to raise awareness and advocacy and to stimulate exchange of best practices. In addition, it should strengthen the capacity of **civil society and other relevant institutions**, such as the office of Ombudsman on children’s rights or other independent human rights institutions protecting the rights of the child, to exercise their **watchdog function** and their ability to successfully engage national governments vis-à-vis the implementation of existing commitments to protect children’s rights.

2.2. Lessons learnt

According to a recent UNICEF study, only 45 % of the children in Africa and Asia are registered at birth.⁵ While the situation is not this dire everywhere, there are many countries where things are even worse than these averages suggest. And while children may have been registered and have a birth certificate, the registration system and civil registration records may often be of such poor quality that records are lost or cannot be retrieved.

Despite efforts to promote universal birth registration, this is still a major problem area for many countries in Africa, as well as a number of countries in Asia. Children from the poorest households are twice as likely to be unregistered as children from the richest households. Those born at home have less chance of being registered. The gap between

⁴ Available at:
http://www.eu2008.si/en/News_and_Documents/Council_Conclusions/May/0526_GAERC-pravice_otrok.pdf

⁵ Cf. UNICEF, **State of the World’s Children 2011**, New York 2011. The percentage for Asia is 44 %, for Sub-Saharan Africa 38 %, and the percentage for both Eastern and Southern Africa and South Asia is 36 %. These percentages apply for the registration rate of children of 0-59 months old. Registration rates for children of 0-11 months are even lower.

registration of births in urban and rural areas continues to be significant (for example, in Africa: 36 % in rural and 61 % in urban areas).⁶

Other reasons for non-registration of infants include difficult access to civil registry service, discrimination of ethnic or religious minorities or refugee populations or children born out of wedlock, the exclusive use of official languages in birth registration forms and procedures, fear of discrimination and persecution, incompatibility of birth registration with local realities (e.g. cultural practices where children are only named several weeks after birth), cumbersome registration procedures, limited knowledge and awareness of the importance of birth registration among parents in some communities that are cut off from the mainstream. Many parents do not feel that the need to register their children is as urgent as many other demands they face in their daily lives.

The civil status of unmarried parents may compromise the registration of a child. Some categories of extremely vulnerable children, including indigenous children and children with disabilities, are often excluded from birth registration and subsequently from access to basic health and education services.

The cost (both direct and indirect) of registering a birth and long distances to registration centres are major barriers to registration. Such costs are also due to inefficiencies in the use of manual, paper-based registration processes in almost all countries. The lack of adequate budgetary allocations handicaps civil registration systems in many countries. Birth registration services are sometimes afflicted by remnants of colonial legislation regulating birth registration, although generally countries have updated their registration laws. However, very few of the countries with low registration rates have a law in place that would support 21st century-standard civil registration practices.

2.3. Complementary actions

Irish Aid is working on birth certification with UNICEF in Tanzania, Mozambique and Ethiopia.

2.4. Donor coordination

The African Union, the Economic Commission for Africa and the African Development Bank convened, in August 2010, a meeting with the African Ministers in Charge of Civil Registration. 41 Ministers from countries all over the continent attended the meeting. They recognised birth registration as a priority, thus combining the essential political ownership of this programme with support for the changes needed within countries across departments of government and within parliaments. UNFPA, UNICEF, UNHCR, the UN Statistical Division, Health Metrics Network of the WHO and Plan International together formed the Core Support Group for the Ministerial process.

The meeting concluded with a Declaration and a draft Medium Term Plan of Action aimed at strengthening the civil registration systems in Africa over the next five years.

A similar initiative may evolve in Asia and Pacific Islands.⁷

⁶ *Ibid.*

⁷ Information arising out of an expert meeting organised by UNSD in June 2011.

In terms of funding, initial resources have already been mobilised in all target countries. On average, at least EUR 150 000 has already been secured for the project in each country. In addition, in Nigeria, UNICEF has supported the National Population Commission to expand its partnerships with public and private actors in order to promote birth registration, and UNICEF has negotiated with the World Bank to expand their Direct Electronic Data Capture Project to include upgrading of the vital registration Data Processing Centres of this National Population Commission.

Both Mozambique and Uganda already have programmes in place on birth registration, and have procured reasonable amounts of resources for this year. In addition, they are leveraging resources from multilateral donors such as the World Bank and the African Development Bank, and the national governments are increasing their budget allocations. In Uganda, funding has already reached EUR 500 000, and Mozambique has received commitments of USD 800 000 from the Royal Netherlands Embassy. In addition, the World Bank has pledged USD 4-5 million for birth registration in Mozambique, and the government has allocated USD 650 000 for 2012.

Partners at the country level include government agencies, UNHCR, UNFPA, WHO and PLAN International. At the regional level a partnership forum called the Civil Registration and Vital Statistics (CRVS) Core Group was established in 2011, coordinated by UNECA and including the African Development Bank, African Union Commission, UNFPA, UNICEF, UNHCR and WHO/HMN.

In Asia-Pacific, at least EUR 150 000 has also been procured in each country, with Myanmar having already procured EUR 300 000.

3. DESCRIPTION

3.1. Objectives

The overall objective of the project is to trigger the transformation of civil registration in eight selected countries in Africa, Asia and Pacific regions, bringing immediate, universal registration service delivery to all their citizens.

The project has three specific objectives:

- (1) In a period of three years to reduce by at least half the gap between rural and urban rates of birth registration.
- (2) To assist governments in the eight countries to adopt legal and policy reforms and the introduction of new technology that will lead to civil registration completeness in each country according to a country-specific time schedule.
- (3) To identify and overcome demand or service delivery bottlenecks when they manifest themselves in non-registration of selected groups, e.g. minorities, refugees, internally displaced persons or any other group of the population.

3.2. Expected results and main activities

The universality principle implies that major barriers to registration service delivery to the most vulnerable will be removed. Where any service demand barriers lead to non-registration, the project will identify and overcome them.

The project seeks to invest in two areas. Firstly, in making sure that the priority attention that the issue of civil registration requires and has obtained through the ministerial and intergovernmental processes supported by the African Union and the United Nations Economic Commission for Africa will be sustained by ongoing support and partnership. The second area is related to introduction of new strategic approaches through the use of information and communication technologies (ICT), creating linkages between civil registration and health, national ID and social protection systems — combined with a multi-country approach to reducing the cost of digitisation and legal reform

Some of the UNICEF Country Offices involved have already had preliminary discussions about the project with the respective EU Delegations. In other cases, UNICEF is waiting for confirmation from the European Commission before approaching Delegations about the project. However, the initial proposals have been prepared in consultation with national governments, who are fully informed about the proposed actions.

Countries potentially participating in the project:

Burkina Faso, Mozambique, Myanmar, Nigeria, three Pacific Island countries (Kiribati, Vanuatu, Solomon Islands) and Uganda

These eight countries have been chosen on the basis of the following criteria:

- high political commitment from Government and Parliament and eagerness to show results in improving birth registration in the short term and be a role model in their sub-region;
- capacity to scale up birth registration once the system is up and running;
- infrastructure available to introduce new and innovative technology such as SMS to improve birth registration coverage.

In addition, priority has been given to these countries due to a number of factors, such as: high number of children under 5 years old; high number of adolescents without a birth registration certificate; lowest level of birth registration; high level of discrimination encountered by lowest quintile in accessing basic services due to lack of a birth certificate (for example, girls in Nigeria cannot enrol in school because of their gender and do not have a birth certificate); high level of population movement; no access to parental care due to lack of birth registration; high incidence of child marriage; high number of children under 18 years in conflict with the law and unable to prove their age because of lack of a birth certificate (and consequently judged as adults); civil registration system collapsed due to civil war; high number of children enrolled in armed groups (child soldiers, gangs, etc.).

The project has been designed in consultation with national governments and activities will be coordinated with EU Delegations. UNICEF Country Offices will work with EU Delegations in the relevant countries to develop a plan for cooperation in the implementation of the project. The major bottlenecks that have to be eased to increase registration in the eight countries will be identified through methodologies developed by national partners.

Strategies informed by the above-mentioned country bottleneck analysis and based on a civil registration acceleration strategy developed by partners with the support of UNICEF will be the primary platform of action for rapidly scaling up civil registration service delivery coverage to bridge the urban/rural gap. These strategies are as follows:

- Replacing the existing manual and paper-based processes with digital data registration and communication including the use of mobile technology;
- Establishing well-functioning interoperability with the health sector;
- Establishing well-functioning interoperability with and effective incentivising by social protection programmes;
- Establishing well-functioning interoperability with national ID systems;
- Multi-country collaboration for legal reform;
- Multi-country collaboration for ICT systems development;
- A seventh strategy deals with groups that for any reason remain under-registered. These groups will be identified through surveys done in collaboration with local authorities, NGOs and other stakeholders and methodology appropriate to the specific groups will be developed.

Expected outcomes

Children are registered at birth and their parents/guardians have access to well-functioning and free⁸ civil registration services

- Increased registration rate of children at birth (short-term).
- Fully-functioning civil registration services are easily accessible to parents and guardians of children.
- The scale-up of birth registration will include active and carefully planned engagements at the continental level in Africa with the African Union, UNECA, UNESCAP, the UN African Centre for Statistics (ACS), and the UN Statistical Institute for Asia and the Pacific (SIAP), the UNICEF Regional Offices for Eastern and Southern Africa (ESARO), Western and Central Africa (WCARO) and for East Asia and the Pacific (EAPRO), and at the country level with UN agencies and governments.

OUTPUT 1

- Legislative and policy frameworks for civil registration are revised and adequately resourced.
- Use of legal reform processes to draft a modern legislative and policy framework that takes into account legal acceptability of digital records and the full interoperability of civil registration with health, social protection and national IDs.
- Generation of adequate resources to meet the requirements of a civil registration reform process.
- International collaboration partnerships established.

⁸ At least the first birth certificate should be free of charge, while other civil registration services should not be priced such that non-registration (or fraud) results.

OUTPUT 2

Civil registration services are transformed and are accessible to parents and guardians through country-wide coverage and supporting creative partnerships.

Input 2.1

Information Communication Technology reducing or removing barriers to access and affordability, opening the way to rapid scale-up of civil registration coverage:

- Apply ICT solutions using cell phone network coverage and affordable ICT and mobile handset costs;
- Provide technical guidance on standards/legal aspects of conversion to electronic records and probative value essential to legal identity in a de-materialised civil registration environment.

Input 2.2

Use the experience gained in countries where partnerships between the health and civil registration authorities have led to a rapid increase in registration for scale-up in other countries:

- Use existing health outreach in countries with extensive community worker networks;
- Integrate registration into health facilities in countries with a high level of health facility delivery;
- Linkages to immunisation campaigns in countries with high levels of immunisation coverage (and to clear the backlog in children who have not been registered at birth).

Input 2.3

Establish linkages with social protection schemes:

- Cash transfer and social protection schemes are increasingly in use in Africa, Asia and Pacific Islands;
- These social protection schemes involve identification of the beneficiaries where registration is essential;
- Social protection and cash transfers create strong incentives for individual registration;
- Registration when combined with social protection ensures that beneficiaries will have a legal identity which in itself is a form of social protection and empowerment;
- Strengthen the ongoing initiatives in Africa, Asia and the Pacific Islands by working with partners among UN agencies, academic bodies, NGOs and others.

OUTPUT 3

Contribution to global learning with birth registration leading to good development outcomes for children through:

- Randomised control trials in selected countries of birth registration scale-up through use of ICT in order to track and monitor cost implications;
- Providing global expertise on legal and organisational aspects and technical standards for ICT interventions;
- Organising learning events on relevant themes, e.g. computerisation, interoperability, legal reform, open to participation of all interested countries.

3.3. Risks and assumptions

Civil registration is the responsibility of the government. Hence the project does not propose to underwrite or subsidise any of the routine costs of registration of births and the level of government commitment, which may be very different from one country to another. The success of the proposed actions depends on national stakeholders' commitment to civil registration system development. Although UNICEF has made significant progress in raising awareness about the issue, change can be slow due to unawareness and competing national priorities.

A major risk is that governments see the strengthening of the civil registration system as a revenue source. Experience shows that in countries where the responsibility for civil registration is decentralised, local governments show a tendency to charge fees for registration that act as an impediment to registration. This risk can only be countered by a change in the understanding on the part of the governments that the social benefits of comprehensive civil registration far outweigh the pecuniary costs. Governments will have to allocate the required budget resources for meeting the costs of civil registration, without expecting the agencies tasked with registration to raise revenues to meet the costs of their operations as is happening across countries in varying degrees. This will be addressed by the present action with related indicators to be included in the logical framework. The action will advocate for reform of the organisational design of the civil registration service in many countries, as it is this design that contributes to a lack of organisational oversight and inefficiency that breeds the levying of unofficial fees.

Another risk is the lack of political support in Asia and Pacific Islands, hampering the implementation of the programme in those areas, including as a result of changing political situations. Some of the proposed countries (e.g. Nigeria) have recently faced political unrest and instability, which could hamper government commitment to the programme as well as programme delivery.

UNICEF has taken a number of steps to ensure that the funds needed for the project are available. In all countries, UNICEF has already secured human resource commitments from national governments to implement the projects. The issue which is beyond UNICEF's control is the ability of governments to open up fiscal space and mobilise resources, and to take the project to scale.

However, UNICEF has strategies planned to help the governments realise their resource mobilisation goals. In the implementation of the programme, UNICEF does costing and helps the governments develop a strategy to mobilise their own resources, as well as to collaborate with the private sector for resource mobilisation. UNICEF also has strategies for its own mobilisation of private sector resources for the projects.

In addition, the countries involved were all selected because they have the capacities to scale up birth registration and deliver results in a short period of time, with demonstrated

strong government commitments to strengthen birth and civil registration. In the case of both Mozambique and Uganda, programmes already exist with staff in place and track records in programme implementation. They both already have reasonable resources for birth registration for the current year.

3.4. Cross-cutting issues

Birth registration, the official recording of the birth of a child by the government, is a fundamental human right and an essential means of protecting a child's right to a name and identity. The Convention on the Rights of the Child recognises the right of every child to be registered immediately after birth. Without legal registration, other rights are difficult to claim.

Birth registration establishes formal proof of a child's name, existence and age. This proof can help protect a child against child marriage, under-age recruitment into the armed forces, child labour and against being prosecuted and sentenced as an adult in the justice system. A birth certificate, as proof of birth, can assist in tracing unaccompanied and separated children. For an orphan, a birth certificate provides proof of parentage and helps to secure inheritance rights. Not being counted leaves a child vulnerable to exploitation and abuse, which is particularly crucial for children from marginalised groups.

Birth registration is also an essential basis for a country's statistics and for planning of social services. It is the single most important building block of a complete civil registration system. An effective civil registration system provides demographic data that allow a country to keep track of the condition of its population, including vital information about the situation of children. The use of these data will lead to good governance (no early marriages, no early enrolment in military forces, adequate juvenile justice services, etc.) and more accurate planning and implementation of development policies and programmes (e.g. school construction, teacher training, training of nurses and doctors, construction of health facilities...).

Gender equality will be guaranteed.

3.5. Stakeholders

The main stakeholders of this project are the governments, including policy-makers, health and civil service workers, as well as others across numerous sectors. The project will be completed in collaboration with local authorities, NGOs, community groups, and other appropriate civil society organisations. The main beneficiaries of the project will be children and their families/guardians.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

The project will be implemented in joint management with UNICEF, through a standard contribution agreement.

4.2. Procurement and programme estimates

All contracts implementing the action are to be awarded and implemented in accordance with the procedures and standard documents laid down and published by the relevant international organisation.

4.3. Budget and calendar

The investment required for civil registration reform in the eight countries is estimated to cost around EUR 190 000 000 (USD 250 000 000). This estimate is based on observed investment costs in a variety of European (Ireland, Switzerland), Asian (New Zealand) and African (Malawi, Tanzania, Cameroon, Uganda) countries. The cost is estimated at well under USD 1 per capita — even when feasible savings in ‘bricks and mortar’, computerisation and legal reform are ignored. For obvious reasons almost 55 % of the cost is for one country alone: Nigeria, almost equal to its share in the beneficiary population.

The EU contribution will cover 6 % of the total cost for a two-year period.

Indicative budget breakdown:

Preliminary indicative budget for a two-year period	Total (EUR)
1. 6 % of the low cost estimate of civil registration reform in 8 countries	4 560 131
2. Project office running costs (TA, office cost, visibility)	452 693
3. Monitoring and evaluation (incl. randomised trial)	452 693
4. Contingencies	120 000
5. Administrative cost (7 %)	390 986
TOTAL (rounded)	6 000 000

The maximum EU contribution is EUR 5 400 000. Estimated contribution from UNICEF is EUR 600 000.

4.4. Performance monitoring

Monitoring of this project’s progress will be based on the Multiple Indicator Cluster Surveys and the Demographic Health Surveys conducted in the countries concerned. These surveys have been tracking progress on registration of births over the past seven years. UNICEF and partners are working on some methodological refinements in order to enhance these tools for the purpose of monitoring progress towards the Millennium Development Goals.

The project will also use the innovative Randomised Control Trial, which is gathering increased attention internationally, to measure the impact of interventions in the health and social sector. Information from J-PAL, the Poverty Action Laboratory at the Massachusetts Institute of Technology, which pioneered this approach in the social sector, suggests that adequate technical support is available in Africa to support measurement of the effectiveness and impact of civil registration interventions.

4.5. Evaluation and audit

An external evaluation will be carried out upon completion of implementation. The Commission may also carry out verification missions, in accordance with the Contribution Agreement.

4.6. Communication and visibility

The programme will put particular emphasis on ensuring strategic and effective communication within the programme and externally in relation to disseminating knowledge and supporting policy advocacy.

In each country the communication plan will identify activities aimed at ensuring regular communication between UNICEF, EU Delegations, national partners and joint donor coordination mechanisms. The purpose of this plan is to ensure direct engagement of the EU Delegations at the political and technical levels in the programme. Specific activities will be geared towards opening dialogue between the EU Delegations, other donors and national partners on challenges and good practices on birth registration.

At global level, the communication action plan will be geared towards consolidating and disseminating learning and analysis for informing policy advocacy, capacity building and country knowledge sharing.

UNICEF will ensure that the programme is compliant with the *Communication and Visibility Manual for EU External Actions*⁹ and the *UN-European Commission Joint Action Plan on Visibility*.¹⁰

⁹ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf.

¹⁰ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf.

ANNEX VII

THEMATIC PROGRAMME *INVESTING IN PEOPLE*

THEME 4.3: *OTHER ASPECTS OF HUMAN AND SOCIAL DEVELOPMENT*

ACCESS TO LOCAL CULTURE, PROTECTION AND PROMOTION OF CULTURAL DIVERSITY

CALL FOR PROPOSALS

1. IDENTIFICATION

Title/Number	Supporting culture as a vector of democracy and economic growth DCI-HUM/2012/023-646		
Total cost	EUR 22 200 000		
Method/ Management mode	Project approach – Call for proposals – <i>Centralised</i>		
DAC-code, if applicable	16061	Sector	Culture and recreation

2. RATIONALE

Background

The thematic programme ‘Investing in People’ pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in partner countries in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI),¹ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*.² A component of the fourth theme of the programme — ‘Other aspects of human and social development’ — is dedicated to promoting access to local culture and to protecting and promoting cultural diversity. Under this theme, the programme promotes intercultural dialogue, cultural diversity and respect for the equal dignity of all cultures, and supports the cultural sector as a promising economic instrument for sustainable development and growth.

The *Mid-Term Review of the Strategy Paper* adopted on 5 November 2010³ confirmed the strategic orientation of the programme in promoting access to culture, protection and promotion of cultural diversity, social inclusion and cohesion. For the period 2011-13, priority is being given to the role of cultural expressions in promoting intercultural dialogue and socio-economic development, with particular emphasis on building capacities and strengthening governance of the cultural sector in partner countries.

Policy framework

¹ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41).

² http://ec.europa.eu/development/policies/9interventionareas/humandev_en.cfm.

³ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

In 2011 the European Commission's Communication 'Increasing the impact of EU Development Policy: an Agenda for Change'⁴ set out a renewed development cooperation policy for the coming years, aiming at a more strategic approach to reducing poverty, including more targeted allocation of funding. For that purpose, EU assistance should prioritise two key areas: 1) Human rights, democracy and other key elements of good governance, and 2) Inclusive and sustainable growth for human development.

Though not singled out among core priority sectors of the renewed development cooperation policy, culture has an important role to play as a lever for human and social development as well as for democratic change.

Over the years, culture has been an integral part of the EU policy framework in the area of human development, as enshrined in the European Consensus on Development⁵. The Communication on a European agenda for culture in a globalising world⁶ highlights the role of culture in building bridges across countries and regions as well as being an important instrument for sustainable development.

The 2005 UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions (2005 UNESCO Convention), to which the EU is a Party, established for the first time a pillar of global governance in cultural matters, while reaffirming principles that already formed part of the EU's development cooperation policy.

The consensus of the international community with regard to the contribution that culture can make to sustainable human, social and economic development was reinforced by the United Nations resolution of November 2010 on culture and development.⁷ Progress has been made since the 2005 UNESCO Convention and the EU's approach to culture and development has been further reinforced with explicit recognition of the contribution of culture to the Millennium Development Goals, in the outcome document of the 2010 MDG summit.⁸

Lending support to these general lines of action, the European Parliament passed a resolution on 12 May 2011 on the cultural dimension of the EU's external action.

However, despite the increase in political awareness, more efforts need to be made in strengthening the capacities of governments and non-state actors to protect and manage their cultural heritage and help their cultural sectors to develop sustainable activities. These efforts should also help address the threat of fast-paced cultural diversity deterioration in a globalising world.

⁴ COM(2011) 637 final:

http://ec.europa.eu/europeaid/what/development-policies/documents/agenda_for_change_en.pdf

⁵ http://ec.europa.eu/development/icenter/repository/european_consensus_2005_en.pdf

⁶ COM(2007) 242 final:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0242:FIN:EN:PDF>

⁷ http://www.unesco.org/culture/pdf/text_unga_resolution_culture_%20and_development_en.pdf

⁸ http://www.unesco.org/culture/pdf/outcome_document_%20mdg_%20summit_ny_%20sept_%202010_en.pdf.

Moreover, conflicts and tensions between communities in different parts of the world show how important it is to continue supporting in partner countries the diversity of cultural expressions and to develop awareness and the capacity of cultural actors through new modes of information and communication. In addition, in the context of recent events such as the Arab Spring where people's aspirations have triggered dramatic changes, cultural expressions can be instrumental in promoting freedom of expression and respect for human rights in support of democratisation processes. The diversity of cultural expressions, together with a dynamic cultural sector, have an essential role to play in preventing discrimination and smoothing the path to democratisation, reconciliation and conflict resolution.

For the period 2007-2010, the objectives of the 'Investing in People' thematic programme have been implemented mainly through support to cultural actors across the partner regions, promoting access to local culture, fostering cultural diversity and supporting capacity-building. Past experience with the programme shows a limited capacity to respond to high demand on a variety of topics and the need to increase impact and effectiveness of projects at national level. Thematic support to the cultural sector should focus more on areas with higher potential for job creation, economic impact and sustainable development, while ensuring complementarity with geographic programmes.

The present action is therefore intended to – on one hand – promote intercultural dialogue, human rights and the diversity of cultural expressions, in the context of democratisation, reconciliation and conflict resolution, and on the other hand to reinforce professionalisation and capacity building in the cultural sector.

Complementary actions

Cultural cooperation is an important aspect of the EU's partnership with African, Caribbean and Pacific (ACP) countries, established in the Cotonou Agreement, and is a component of the Africa-EU Joint Strategy. A number of countries benefit from specific support programmes (Benin, Ethiopia, Eritrea, Mali, Senegal, Haiti) in the context of bilateral cooperation and the West Africa Economic and Monetary Union receives regional support.

In addition, the EU-ACP Programme for Cultural Sectors 'ACP Cultures+' (EUR 30 million for the period 2011-2018) supports the creation and production of goods and services in all cultural sectors, including the film industry; better access to local, regional, intra-ACP, European and international markets; capacity-building of cultural stakeholders, operators and entrepreneurs; and an improved legal environment for culture in the ACP States. The programme, under the intra-ACP component of the 10th European Development Fund, is the successor to the previous ACP-Films and ACP-Cultures programmes (2007-2012).

Culture has also been a central component of the EU's partnership with the Mediterranean region since the Barcelona Process in 1995. The Euromed Heritage regional programme committed a total of EUR 57 million during the period 1998-2007 to support partnerships between experts in the heritage field, heritage institutions and civil society organisations active in this area in the region, as well as to strengthen the capacities of the sector. Euromed Heritage IV (EUR 13.5 million) under the European Neighbourhood Partnership Instrument (ENPI) focuses on the appropriation by the local populations of their cultural heritage and favours access to education and knowledge of

cultural heritage. A regional programme to support the film sector and enhance cooperation in this area has also been created since 2000. Euromed Audiovisual III (EUR 12 million) is the successor to Euromed Audiovisual I and II (EUR 33 million over the period 2000-2008). It aims at enhancing sustainable transfer of knowledge and best practices through a wide set of training activities, capacity building of both professionals and national authorities, and networking activities.

A new regional programme is under preparation for the south Mediterranean region which will seek to reinforce the role of culture and the media as vectors of democratisation and economic development.

At bilateral level, EU support is also provided to the cultural sector in the Mediterranean countries through local calls for proposals or more specific programmes (e.g. specific programme on heritage in Algeria, under preparation).

In addition to these specific programmes, the EU supports the Anna Lindh Euro-Mediterranean Foundation (€5 million for 2010-2013) for the Dialogue between Cultures. The Foundation brings civil society and decision-makers together to foster intercultural dialogue and respect for diversity.

Other regional programmes such as the Cross-Border Cooperation programme (EUR 10 million for 2011-2013) and the CIUDAD programme (EUR 3 million dedicated to Culture and Heritage out of the EUR 14 million budget for 2009-2013) also include cultural cooperation components: to encourage dialogue among communities and address urban development problems in a sustainable manner, respectively.

The Eastern Partnership Culture programme (EUR 12 million for 2011-2015) assists the countries of the Eastern Partnership region in their cultural policy reform at government level, as well as building capacities and improving the professionalism of cultural operators.

Support to culture is also an important component of EU bilateral cooperation with some countries in Asia and Latin America, such as India and Mexico, as well as of regional cooperation programmes, e.g. in the case of regional cooperation with the Asia-Europe Meeting (ASEM), which supports among other initiatives the Asia-Europe Foundation (ASEF). ASEF promotes exchanges between civil societies in Asia and Europe and between governments and civil society groups in Asia, one of its priorities being the dialogue between cultures and civilisations. In Latin America, the EU supports Mercosur's cinematographic and audiovisual sector as part of its strategy to promote regional integration.

Additionally, the Culture Programme 2007-2013 and the MEDIA Mundus Programme 2011-2013 complement EU cooperation with partner countries. The Culture Programme includes cooperation with partner countries having concluded association or cooperation agreements with the EU. Aiming to enhance Europe's cultural diversity and shared cultural heritage, the programme promotes cross-border cooperation through the mobility of artists, cultural professionals and artworks, as well as intercultural dialogue. During the period 2007-2011, it has supported projects in China, India, Brazil, Mexico and ENP countries in the areas of performing arts, literature and reading, architecture, visual arts and new technology (EUR 10 million). MEDIA Mundus is an international cooperation programme for the audiovisual industry aiming at strengthening cultural and commercial

relations between audiovisual professionals from Europe and from third countries, including developing countries (EUR 15 million, average 35 projects per year).

3. DESCRIPTION OF THE CALL FOR PROPOSALS

3.1. Basic act and Financing source

Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation, Article 12(2)(d)(i).

This action will be financed from Article 21 05 01 of the Budget — Human and social development, item 21 05 01 03 (Other aspects of human and social development).

3.2. Objectives of the programme, fields of intervention/priorities of the year and expected results

The overall objective of the call for proposals is to support culture as a vector of democratisation, diversity and socio-economic development.

Culture (and the term ‘cultural sector’) is understood to have a broad meaning in line with the working definition provided in the study ‘Economy of Culture in Europe’⁹ and the Green Paper of the European Commission ‘Unlocking the potential of cultural and creative industries’.¹⁰ In this context, culture encompasses expressions, activities, goods and services in relation to:

- Core arts sectors: performing arts, visual arts, cultural and architectural heritage and literature;
- Cultural industries: those industries producing and distributing goods and services, which at the time they are considered as a specific attribute, use or purpose, embody or convey cultural expressions, irrespective of the commercial value they may have (i.e. film, DVD and video, television and radio, video games, new media, music, books and press);
- Creative industries: those industries using culture as an input but whose outputs are mainly functional (i.e. architecture, graphic design, fashion, advertising).

Cultural actors encompass all types of organisations and individuals working in the field of culture as defined above.

In the context of the present call for proposals, projects should cover exclusively one of the following specific objectives:

1) Encourage cultural expressions which promote diversity, intercultural dialogue and human and cultural rights, in the context of reconciliation, conflict resolution and democratisation

⁹ Undertaken for the European Commission in 2006 and available at:

http://ec.europa.eu/culture/key-documents/doc873_en.htm

¹⁰ COM(2010) 183, available at:

http://ec.europa.eu/culture/documents/greenpaper_creative_industries_en.pdf

Activities may include:

- raising awareness and building capacity of cultural actors, media and civil society in promoting human rights, intercultural dialogue and anti-discriminatory attitudes/practices, in the context of reconciliation, conflict resolution and democratisation;
- stimulating cooperation between cultural actors, media, education professionals and civil society organisations active in promoting democracy and human rights, for the development and dissemination of diverse cultural content relevant to national and regional contexts;
- encouraging cultural expressions which promote human rights and fight all kinds of discrimination (on ethnic, gender, religious grounds, etc.);
- supporting cultural initiatives contributing to reconciliation and the peaceful resolution of conflicts, in the context of inter-ethnic or inter-religious tensions and conflicts at national or regional level;
- supporting cultural initiatives which promote freedom of expression, including for minorities and marginalised populations, in the context of democratisation processes;
- supporting media initiatives and innovative dissemination tools that integrate cultural content promoting human rights and intercultural dialogue, in the context of reconciliation, conflict resolution and democratisation;
- supporting participation of civil society in processes of cultural governance at local, national, regional and interregional levels and promoting inclusive cultural policies in respect of cultural diversity.

Projects may have a national, regional or cross-regional dimension.

Expected results:

- cultural actors, media and civil society are more aware of the role of culture in promoting democratisation, reconciliation and conflict resolution, and have built capacities to develop relevant strategies and actions;
- cooperation between cultural actors, media, education professionals and civil society active in promoting human rights and democracy increases;
- cultural content promoting democratisation, reconciliation and conflict resolution, relevant to national and regional contexts is developed and disseminated and its role is enhanced;
- channels for cultural exchanges are established or developed, including for minorities and isolated or marginalised populations and countries;
- outreach of cultural expressions contributing to democratisation, reconciliation and conflict resolution increases;
- diversity and level of participation of civil society in cultural governance processes is enhanced.

Target groups include cultural actors (such as policy-makers, artists and cultural workers), media, education professionals and civil society.

Under objective 1, the following priority rules apply:

- a) Priority will be given to countries or regions in critical situations regarding democratisation or good governance, intercultural tensions and discriminatory practices, including on ethnic and religious grounds, as well as countries/regions in conflict. Such situations need to be clearly identified and duly substantiated in the project application.
- b) Actions must involve a partnership of at least three partners (including the applicant), covering at least the target partner country/countries where the proposed action is to take place. At least one of the partners has to be a cultural actor from the partner country.

In addition, priority will be given to projects submitted by applicants from the beneficiary partner countries, so as to promote ownership and strong local leadership.

2) Strengthen capacities of cultural actors for the development of a dynamic cultural sector contributing to economic growth and sustainable development

Activities may include:

- creating an enabling environment for creativity, innovation, professionalisation and entrepreneurship in the cultural sector;
- supporting the structuring and strengthening of professional associations and networks;
- improving capacities for technical and vocational training to create stronger links with the private sector, in order to increase employability of beneficiaries;
- enhancing skills and competence of cultural actors involved in the creation, production, distribution, marketing and management of cultural goods and services;
- assisting cultural actors in improving the distribution and marketing of cultural goods and services responding to local or regional demand, and creating adequate conditions for their circulation and access to national, regional and international markets;
- assisting cultural actors in mastering information and communication skills and technology, including new media;
- supporting transfer of knowledge, exchange of expertise and best practices among cultural actors.

Projects need to clearly identify expected results in terms of improving socio-economic status of target groups at national or regional level, e. g. improving qualifications, creating jobs and business opportunities, developing local/regional markets, etc. Particular attention is also to be paid to long-term strategies ensuring sustainability beyond the lifetime of the projects, with the involvement of local communities. In that

respect, monitoring and evaluation activities and methodology should be clearly defined at the outset.

Moreover, the promotion or consolidation of innovative public/private partnerships is considered an added value.

It is also to be noted that projects must concern capacity-building activities as per the specific objective and not the organisation of cultural or artistic activities (such as festivals or artistic events).

Expected results:

- entrepreneurship in the cultural sector is encouraged;
- public and private investment in the cultural sector increases;
- capacity and representativeness of professional associations and networks are reinforced;
- artists and cultural workers have better work conditions and their status is better recognised;
- capacity for training and professionalisation in the cultural sector is improved;
- skills and competence in creating, producing, marketing and managing cultural goods and services are enhanced;
- informal activities in the cultural sector are upgraded to become more structured, effective and sustainable;
- activities in the cultural sector expand and increase income for artists and cultural workers;
- job opportunities in the cultural sector increase;
- circulation and access to market of local/regional cultural goods and services are facilitated;
- contribution of the cultural sector to local, national or regional development and economic growth increases and is better evidenced.

Target groups: In line with the specific objective stated above, target groups include different categories of cultural actors, such as policy-makers, artists and cultural workers in general (including technicians, managers and professionals involved in production, promotion and distribution), entrepreneurs, etc., as well as other stakeholders involved in the cultural sector, including relevant public bodies, civil society organisations or private entities.

Under objective 2, the following priority rules apply:

- a) Priority will be given to activities directly linked to sustainable income generation and employment opportunities.
- b) The projects must demonstrate a national or regional impact, measured by either their geographical outreach or their convergence towards existing governmental policies.

For projects with a regional dimension (i.e. involving two or more countries within the same geographically coherent area), priority will be given to projects concerning the partner regions in Latin America, Asia and ACP countries, since regional projects concerning ENPI regions can be supported through the specific regional cultural programmes.

On the other hand, no particular geographic priority is set for projects with a national or cross-regional dimension.

- c) Projects must involve a partnership of at least three partners (including the applicant), covering at least the target partner country/countries where the proposed action is to take place. In addition, priority will be given to projects submitted by applicants from the beneficiary partner countries, so as to promote ownership and strong local leadership.

The proposed partnership should represent real added value in terms of transfer of skills/competence and exchanges of experience.

Specific objectives 1) and 2) above can be implemented at different levels of action, which may involve strengthening the political, normative, legal and economic environment; building capacities of public bodies and non-state actors; supporting specific pilot initiatives; or combining several of these levels — which would add value to the proposal.

3.3. Eligibility conditions

Actions must take place in the partner countries eligible under the DCI.

Applicants and partners must comply with the nationality requirements stated in Article 31 of the DCI Regulation.

Eligibility will be defined in the Call Guidelines, on the basis of Article 24 of the DCI Regulation and of the above objectives.

3.4. Essential selection and award criteria

The essential selection and award criteria for the award of grants are laid down in the Practical Guide to contract procedures for EU external actions.

The maximum possible rate of co-financing for grants is 80%. Lower rates of co-financing could be proposed. Full financing may only be applied in the cases provided for in Article 253 of the Implementing Rules of the Financial Regulation where financing in full is essential to carry out the action in question.

3.5. Schedule of call for proposals

The call for proposals is expected to be published in the second half of 2012.

3.6. Indicative amount of call for proposals

The amount allocated to this call for proposals is EUR 22 200 000.

4. SUPPORT MEASURES

The selected projects must include a clear visibility and communication plan in accordance with the *Communication and Visibility Manual for EU External Actions*.¹¹

Monitoring and evaluation activities will also be built into each project. EU Delegations will be involved as much as possible in the monitoring process.

In addition, projects might be subject to audits and monitoring visits under the Commission's annual result-oriented monitoring and audit plans.

¹¹http://www.cc.cec/dgintranet/europeaid/info_com/visibility_issues/documents/communication_and_visibility_manual_en.pdf.

ANNEX VIII
THEMATIC PROGRAMME *INVESTING IN PEOPLE*
SUPPORT MEASURES

1. IDENTIFICATION

Title/Number	Support measures for the programme DCI-SANTE/2012/023-780 DCI-HUM/2012/023-782		
Total cost	EUR 1 590 000		
Aid Method/ Management mode	Direct centralised management		
DAC code	n.a.	Sector	n.a.

2. DESCRIPTION

This action is intended to finance support measures for the programme, as foreseen under Article 26 of the DCI Regulation.

The *main activities* include:

- *Studies and technical assistance.* This activity will cover external technical and administrative expertise necessary at any stage of the project cycle. The expertise may cover, *inter alia*, programme and project related studies, project identification, technical human and social analyses, project draft formulation, preparing terms of reference, evaluation of tenders and calls for proposal, and advice on project implementation.
- *Conferences, seminars, workshops, training sessions, and study visits.* This activity will cover, *inter alia*, the organisation and financing of conferences, seminars, workshops and training sessions, and study tours, including all related travel, accommodation, conference material, and information costs necessary for ensuring effective events.
- *Visibility, information and publications.* This activity will include visibility programmes covering, *inter alia*, publications, website and database management, information activities, media relations and media monitoring, and the production of audio-visual material.
- *Audits.* This activity will include audits to activities financed by the programme.

3. IMPLEMENTATION ISSUES

3.1. Method of implementation

Direct centralised management.

3.2. Procurement and grant award procedures

All contracts implementing the action must be awarded and implemented in accordance with the procedures and standard documents laid down and published by the Commission for the implementation of external operations, in force at the time of the launch of the procedure in question.

Participation in the award of contracts for the present action shall be open to all natural and legal persons covered by DCI Regulation.

3.3. Budget and calendar

The total amount is distributed between the individual budget items as follows:

Budget item 21 05 01 01 (Health)	EUR	750 000
Budget item 21 05 01 03 (Other aspects of human and social development)	EUR	840 000

The final date for contracting is 31/12/2013.